

2020



Member Handbook

What You Need to Know About Your Benefits

CalOptima Combined Evidence of Coverage (EOC) and Disclosure Form



A Public Agency

Medi-Cal
CalOptima
Better. Together.

Other languages and formats

Other languages

You can get this Member Handbook and other plan materials for free in other languages. Call CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**). Read this Member Handbook to learn more about health care language assistance services, such as interpreter and translation services.

Other formats

You can get this information for free in other auxiliary formats, such as braille, 18-point font large print and audio. Call CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**).

Interpreter services

You do not have to use a family member or friend as an interpreter. For free interpreter, linguistic and cultural services and help available 24 hours a day, 7 days a week, or to get this handbook in a different language, call CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**).



Call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**), Monday through Friday from 8 a.m. to 5:30 p.m. This call is free. You can also visit our website at **www.caloptima.org**.

English

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call **1-888-587-8088** (TTY: **1-800-735-2929**).

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-888-587-8088** (TTY: **1-800-735-2929**).

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Gọi số **1-888-587-8088** (TTY: **1-800-735-2929**).

Tagalog (Tagalog – Filipino)

PAUNAWA: Kung ikaw ay nagsasalita sa wikang Tagalog, may mga serbisyo sa pananalita na makakatulong sa iyo na maari mong gamitin nang walang bayad. Tumawag sa **1-888-587-8088** (TTY: **1-800-735-2929**).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-888-587-8088** (TTY: **1-800-735-2929**) 번으로 전화해 주십시오.

繁體中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-888-587-8088** (TTY: **1-800-735-2929**)。

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք **1-888-587-8088** (TTY (հեռատիպ)՝ **1-800-735-2929**):

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-888-587-8088** (телетайп: **1-800-735-2929**).

فارسی (Farsi)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با شماره **1-888-587-8088** (TTY: **1-800-735-2929**) تماس بگیرید.

日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。 **1-888-587-8088** (TTY: **1-800-735-2929**) まで、お電話にてご連絡ください。



Call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**), Monday through Friday from 8 a.m. to 5:30 p.m. This call is free. You can also visit our website at **www.caloptima.org**.

Hmoob (Hmong)

LUS CEEBTOOM: Yog tias koj hais lus Hmoob, muaj cov kev pab txhais lus, pab dawb rau koj. Hu rau **1-888-587-8088** (TTY: **1-800-735-2929**).

ਪੰਜਾਬੀ (Punjabi)

ਪਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। **1-888-587-8088** (TTY: **1-800-735-2929**) 'ਤੇ ਕਾਲ ਕਰੋ।

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل على رقم **1-888-587-8088** (TTY: **1-800-735-2929**).

हिंदी (Hindi)

ध्यान दें : यदि आप हिन्दी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध हैं। **1-888-587-8088** (TTY: **1-800-735-2929**) पर कॉल करें।

ภาษาไทย (Thai)

ข้อควรคำนึง: ถ้าหากคุณพูดภาษาไทย, คุณสามารถใช้บริการความช่วยเหลือทางภาษา, โดยไม่เสียค่าใช้จ่ายใดๆ ได้โดย, โทร **1-888-587-8088** (TTY: **1-800-735-2929**).

ខ្មែរ (Cambodian)

ចំណុចសំខាន់៖ បើសិនជាអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយផ្នែកភាសាគឺមានផ្តល់ជូនលោកអ្នកដោយឥតគិតថ្លៃ។ សូមទូរស័ព្ទទៅកាន់លេខ **1-888-587-8088** (TTY: **1-800-735-2929**)។

ພາສາລາວ (Lao)

ໝາຍເຫດ: ຖ້າທ່ານເວົ້າພາສາລາວ, ທ່ານສາມາດໃຊ້ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສຍຄ່າໄດ້. ໂທຫາ **1-888-587-8088** (TTY: **1-800-735-2929**).



Call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**), Monday through Friday from 8 a.m. to 5:30 p.m. This call is free. You can also visit our website at **www.caloptima.org**.

Notice of non-discrimination

Discrimination is against the law. CalOptima follows state and federal civil rights laws. CalOptima does not unlawfully discriminate, exclude people or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity or sexual orientation.

CalOptima provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats and other formats)
- Free language services to people whose first language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call CalOptima at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**) 8 a.m. to 5:30 p.m., Monday through Friday, except for certain holidays.

If you believe that CalOptima has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity or sexual orientation, you can file a grievance with CalOptima's Grievance and Appeals Resolution Services department. You can file a grievance in person, in writing, by phone or by email:



Call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**), Monday through Friday from 8 a.m. to 5:30 p.m. This call is free. You can also visit our website at **www.caloptima.org**.

Notice of non-discrimination

CalOptima's Grievance and Appeals Resolution Services department
505 City Parkway West
Orange, CA 92868
1-714-246-8500 or toll-free at **1-888-587-8088**
(TTY **1-800-735-2929**)
Fax: 1-714-246-8562
E-mail: grievancemailbox@caloptima.org

If you need help filing a grievance, CalOptima's Grievance and Appeals Resolution Services department can help you.

You can also file a civil rights complaint with the California Department of Health Care Services Office of Civil Rights in writing, by phone or by email:

Deputy Director, Office of Civil Rights
Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413
1-916-440-7370 (TTY 711 California State Relay)
Email: CivilRights@dhcs.ca.gov

You can get complaint forms at http://www.dhcs.ca.gov/Pages/Language_Access.aspx.

If you believe you have been discriminated against on the bases of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights in writing, by phone or online:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019 (TTY 1-800-537-7697)
Complaint Portal: https://ocrportal.hhs.gov/ocr/cp/wizard_cp.jsf

You can get complaint forms at <http://www.hhs.gov/ocr/office/file/index.html>.



Call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**), Monday through Friday from 8 a.m. to 5:30 p.m. This call is free. You can also visit our website at **www.caloptima.org**.

Welcome to CalOptima!

Thank you for joining CalOptima. CalOptima is a health plan for people who have Medi-Cal. CalOptima works with the State of California to help you get the health care you need. You will need to choose a health network and a primary care provider (PCP). Your PCP must be contracted with your health network. You can choose the same health network and PCP for all your family members eligible with Medi-Cal, or you can choose different health networks and PCPs.

Some members who have certain types of Medicare eligibility or who have certain medical conditions do not need to choose a health network or a PCP. If you think this might be you, please call CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**).

A PCP is a health care provider who is responsible for your routine medical care. A health network is a group of doctors and hospitals that provide you with health care services. Please see the CalOptima Health Network Provider Directory for a list of CalOptima health networks, PCPs and hospitals.

Member Handbook

This Member Handbook tells you about your coverage under CalOptima. Please read it carefully and completely. It will help you understand and use your benefits and services. It also explains your rights and responsibilities as a member of CalOptima. If you have special health needs, be sure to read all sections that apply to you.

This Member Handbook is also called the Combined Evidence of Coverage (EOC) and Disclosure Form. It is a summary of CalOptima rules and policies and based on the contract between CalOptima and Department of Health Care Services (DHCS). If you would like to learn exact terms and conditions of coverage, you may request a copy of the complete contract from Customer Service.

Call CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**) to ask for a copy of the contract between CalOptima and DHCS. You may also ask for another copy of the Member Handbook at no cost to you or visit the CalOptima website at **www.caloptima.org** to view the Member Handbook.



Call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**), Monday through Friday from 8 a.m. to 5:30 p.m. This call is free. You can also visit our website at **www.caloptima.org**.

You may also request, at no cost, a copy of the CalOptima non proprietary clinical and administrative policies and procedures, or how to access this information on the CalOptima website.

Contact us

CalOptima is here to help. If you have questions, call CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**). CalOptima is here 8 a.m. to 5:30 p.m., Monday through Friday, except for certain holidays. The call is toll free.

You can also visit online at any time at **www.caloptima.org**.

CalOptima's website makes it easier for you to find what you need on any device. It also has a secure online member portal so you can:

- Update your personal information
- Request a new ID card
- Print a copy of your ID card
- Change your health network or primary care provider (PCP)
- And more!

Thank you,

CalOptima
505 City Parkway West
Orange, CA 92868



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Call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088 (TTY 1-800-735-2929)**, Monday through Friday from 8 a.m. to 5:30 p.m. This call is free. You can also visit our website at **www.caloptima.org**.

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1. Getting started as a member

How to get help

CalOptima wants you to be happy with your health care. If you have any questions or concerns about your care, CalOptima wants to hear from you!

Customer service

CalOptima Customer service is here to help you. CalOptima can:

- Answer questions about your health plan and covered services
- Help you choose or change a primary care provider (PCP)
- Help you change your PCP
- Help you choose a health network
- Help you change your health network
- Tell you where to get the care you need
- Offer interpreter services if you do not speak English
- Offer information in other languages and formats
- Provide a replacement identification (ID) card
- Provide a member handbook
- Provide a provider directory

If you need help, call CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**). CalOptima is here 8 a.m. to 5:30 p.m., Monday through Friday, except for certain holidays. The call is toll free.

You can also visit online at any time at **www.caloptima.org**.



Call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**), Monday through Friday from 8 a.m. to 5:30 p.m. This call is free. You can also visit our website at **www.caloptima.org**.

Who can become a member

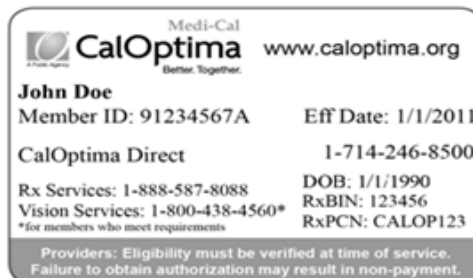
You qualify for CalOptima because you qualify for Medi-Cal and live in Orange County, California. If you have questions about how you qualify for Medi-Cal, call the Social Services Agency (SSA) at 1-714-541-4895 or 1-949-389-8456. You can call 24 hours a day, 7 days a week. You can also call 1-800-281-9799 for more information. You can also visit online at any time at <http://ssa.ocgov.com/health/>.

You may also qualify for Medi-Cal through Social Security. You can apply by calling the Social Security Administration toll-free at 1-800-772-1213 or TTY users can call toll-free at 1-800-325-0778. Or visit <http://ssa.gov/applyfordisability>.

Identification (ID) cards

As a member of CalOptima, you will get a CalOptima ID card. You must show your CalOptima ID card and your Medi-Cal Benefits Identification Card (BIC) when you get any health care services or prescriptions. You should carry all health cards with you at all times.

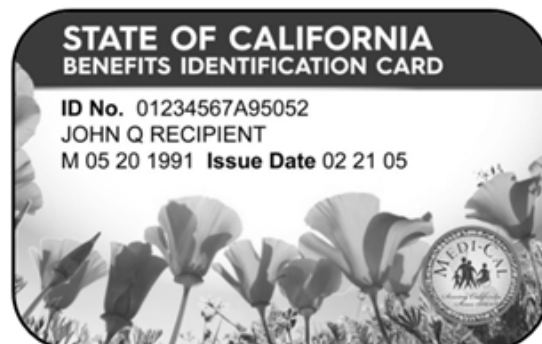
Here is a sample CalOptima ID card to show you what yours will look like:



Here is a sample of the Medi-Cal BIC to show you what yours will look like:



OR



Call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**), Monday through Friday from 8 a.m. to 5:30 p.m. This call is free. You can also visit our website at **www.caloptima.org**.

If you do not get your CalOptima ID card within a few weeks of enrolling, or if your card is damaged, lost or stolen, call customer service right away. CalOptima will send you a new card. Call CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**).

Ways to get involved as a member

CalOptima wants to hear from you. Each quarter, CalOptima has meetings to talk about what is working well and how CalOptima can improve. Members are invited to attend. Come to a meeting!

CalOptima has groups called Member Advisory Committees.

CalOptima Member Advisory Committee (MAC)

This group is made up of CalOptima members, community representative, advocates, and staff from the Social Services Agency and the Health Care Agency. Joining this group is voluntary.

Whole-Child Model Member Advisory Committee

This group represents parents, guardian or foster parent of a CalOptima member child with an eligible California Children's Service medical condition, and community representatives. Joining this group is voluntary.

These groups talk about how to improve CalOptima policies and is responsible for:

- Identifying issues that members face in getting health care service, and reports to the CalOptima's Board of Directors

If you would like to be a part of one of these groups, call CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**) or visit online at **www.caloptima.org**.



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2. About your health plan

Health plan overview

CalOptima is a health plan for people who have Medi-Cal in these service areas: Orange County, California. CalOptima works with the State of California to help you get the health care you need.

You may talk with one of the CalOptima customer service representatives to learn more about the health plan and how to make it work for you. Call CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**) Monday through Friday, 8 a.m. to 5:30 p.m.

When your coverage starts and ends

When you enroll in CalOptima, you should receive a CalOptima member ID card within two weeks of enrollment. Please show this card every time you go for any service under CalOptima.

As a CalOptima member, you need to:

1. Choose a health network from the Health Network Provider Directory.
 - a. You may choose the same health network for all eligible family members, or you may choose a different health network for each family member.
 - b. If you do not choose a health network after 30 days of becoming a member, CalOptima will choose one for you.
2. Choose a Primary Care Provider (PCP) from the Health Network Provider Directory.
 - a. You must choose a PCP that is contracted with your chosen health network.
 - b. You may choose the same PCP for all eligible family members, or you may choose a different PCP for each family member.
 - c. If you do not choose a PCP, your health network will choose one for you.



Call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**), Monday through Friday from 8 a.m. to 5:30 p.m. This call is free. You can also visit our website at **www.caloptima.org**.

- d. You may change your PCP every 30 days.
3. Indicate your selections for a Health Network and a PCP by filling out the “CalOptima Health Network Selection Form” sent in your member packet.
 - a. You must fill out, sign and return this form to CalOptima as soon as possible.

Some members who also have certain types of Medicare eligibility or who have certain medical conditions do not need to choose a health network or a PCP. If you think this might be you, please call CalOptima’s Customer Service department. If you need help choosing a health network or PCP, call CalOptima’s Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**).

Sometimes CalOptima can no longer serve you. CalOptima must end your coverage if:

- You move out of the county or are in prison
- You no longer have Medi-Cal
- You qualify for certain waiver programs
- You need major organ transplant (Excluding kidneys and corneal transplants)

Indian Health Services

If you are an American Indian, you have the right to get health care services at Indian health service facilities. You may also stay with or disenroll from CalOptima while getting health care services from these locations. American Indians have a right to not enroll in a Medi-Cal managed care plan or may leave their health plans and return to regular (fee-for-service) Medi-Cal at any time and for any reason.

To find out more, please call Indian Health Services at 1-916-930-3927 or visit the Indian Health Services website at www.ihs.gov.



Call CalOptima’s Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**), Monday through Friday from 8 a.m. to 5:30 p.m. This call is free. You can also visit our website at **www.caloptima.org**.

How your plan works

CalOptima is a health plan contracted with DHCS. CalOptima is a managed care health plan. Managed care plans are a cost-effective use of health care resources that improve health care access and assure quality of care. CalOptima works with doctors, hospitals, pharmacies and other health care providers in the CalOptima service area to give health care to you, the member.

CalOptima's Customer Service will tell you how CalOptima works, how to get the care you need, how to schedule provider appointments, and how to find out if you qualify for transportation services.

To learn more, call your health network or CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**). You can also find member service information online at **www.caloptima.org**.

Changing health plans

CalOptima is the health plan for Medi-Cal beneficiaries in Orange County. You will stop being a CalOptima member only if you lose your Medi-Cal eligibility or if you move out of the CalOptima's service area. CalOptima coverage may also end if your local county health and human services office changes how you qualify for Medi-Cal. Find your local office at www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx.

College students who move to a new county

If you move to a new county in California to attend college, CalOptima will cover emergency services in your new county. Emergency services are available to all Medi-Cal enrollees statewide regardless of county of residence.

If you are enrolled in Medi-Cal and will attend college in a different county, you do not need to apply for Medi-Cal in that county. There is no need for a new Medi-Cal application as long as you are still under 21 years of age, are only temporarily out of the home and are still claimed as a tax dependent in the household.

When you temporarily move away from home to attend college there are two options available to you. You may:

- Notify your local county social services office that you are temporarily moving to attend college and provide your address in the new county. The county will update the case records with your new address and county code



Call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**), Monday through Friday from 8 a.m. to 5:30 p.m. This call is free. You can also visit our website at **www.caloptima.org**.

in the State's database. If CalOptima does not operate in the new county, you will have to change your health plan to the available options in the new county. For questions and to prevent any delay in enrolling in the new health plan, call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077).

OR

- Choose not to change your health plan when you temporarily move to attend college in a different county. You will only be able to access emergency room services in the new county. For routine or preventive health care, you would need to use the CalOptima regular network of providers located in the head of the household's county of residence.

Continuity of care

If you now go to providers who are not in the CalOptima network, in certain cases you may get continuity of care and be able to go to them for up to 12 months. If your providers do not join the CalOptima network by the end of 12 months, you will need to switch to providers in the CalOptima network.

You, your authorized representative, PCP or Specialty Care Provider can request Continuity of Care. For a member residing in an out-of-network nursing facility prior to enrollment in CalOptima, Continuity of Care is guaranteed and does not need to be requested.

Providers who leave CalOptima

If your provider stops working with CalOptima, you may be able to keep getting services from that provider. This is another form of continuity of care. CalOptima provides continuity of care services for:

- Active treatment for a chronic or an acute medical condition
- Postpartum period for a member in their second (2nd) or third (3rd) trimester of pregnancy

CalOptima provides continuity of care services if you are in an active treatment plan with the provider who leaves CalOptima.

CalOptima does **not** provide continuity of care services if services not covered by Medi-Cal; and Medi-Cal services that are not covered by CalOptima. These are also called "carved-out" services.



Call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**), Monday through Friday from 8 a.m. to 5:30 p.m. This call is free. You can also visit our website at **www.caloptima.org**.

To learn more about continuity of care and eligibility qualifications, call CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**), Monday through Friday from 8 a.m. to 5:30 p.m.

Costs

Member costs

CalOptima serves people who qualify for Medi-Cal. CalOptima members do not have to pay for covered services. You will not have premiums or deductibles. For a list of covered services, go to "Benefits and services."

For members with a share of cost

You may have to pay a share of cost each month. The amount of your share of cost depends on your income and resources. Each month you will pay your own medical bills until the amount that you have paid equals your share of cost. After that, your care will be covered by CalOptima for that month. You will not be covered by CalOptima until you have paid your entire share of cost for the month. After you meet your share of cost for the month, you can go to any CalOptima doctor. If you are a member with a share of cost, you do not need to choose a PCP.

How a provider gets paid

CalOptima pays providers in these ways:

- **Capitation payments**
 - CalOptima pays some providers a set amount of money every month for each CalOptima member. This is called a capitation payment. CalOptima and providers work together to decide on the payment amount.
- **Fee-for-service payments**
 - Some providers give care to CalOptima members and then send CalOptima a bill for the services they provided. This is called a fee-for-service payment. CalOptima and providers work together to decide how much each service costs.
- **Financial Incentives**
 - A health network may have a Physician Incentive Plan that may include financial Incentives. Incentive plans do not affect your health care. You may ask for information on incentive plans from your CalOptima.



Call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**), Monday through Friday from 8 a.m. to 5:30 p.m. This call is free. You can also visit our website at **www.caloptima.org**.

To learn more about how CalOptima pays providers, call CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**), Monday through Friday, 8:00 a.m. 5:30 p.m.

Asking CalOptima to pay a bill

If you get a bill for a covered service, call your CalOptima's customer service right away at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**).

If you pay for a service that you think CalOptima should cover, you can request a reimbursement form from CalOptima and tell CalOptima in writing why you had to pay. Call CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**) to ask for reimbursement. CalOptima will review your request to decide if you can get money back.



Call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**), Monday through Friday from 8 a.m. to 5:30 p.m. This call is free. You can also visit our website at **www.caloptima.org**.

3. How to get care

Getting health care services

PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW FROM WHOM OR WHAT GROUP OF PROVIDERS HEALTH CARE MAY BE OBTAINED.

You can begin to get health care services on your effective date of coverage. Always carry your CalOptima ID card and Medi-Cal BIC card with you. Never let anyone else use your CalOptima ID card or BIC card.

New members must choose a primary care provider (PCP) in the CalOptima network. The CalOptima network is a group of doctors, hospitals and other providers who work with CalOptima. You must choose a health network and PCP within 30 days from the time you become a member in CalOptima. If you do not choose a health network and PCP, CalOptima will choose one for you.

Some members who also have certain types of Medicare eligibility or who have certain medical conditions do not need to choose a health network or PCP. If you think this might be you, please call CalOptima's Customer Service department **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**).

You may choose the same health network and PCP or different PCPs for all family members in CalOptima.

If you have a doctor you want to keep, or you want to find a new PCP, you can look in the Provider Directory. It has a list of all health networks and PCPs in the CalOptima network. The Provider Directory has other information to help you choose a PCP. If you need a Provider Directory, call CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**). You can also find the Provider Directory on the CalOptima website at **www.caloptima.org**.

If you cannot get the care you need from a participating provider in the CalOptima network, your PCP must ask CalOptima for approval to send you to an out-of-network provider.

Read the rest of this chapter to learn more about PCPs, the Provider Directory and the provider network.



Call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**), Monday through Friday from 8 a.m. to 5:30 p.m. This call is free. You can also visit our website at **www.caloptima.org**.

Initial health assessment (IHA)

CalOptima recommends that, as a new member, you visit your new PCP within the first 120 days for an initial health assessment (IHA). The purpose of the IHA is to help your PCP learn your health care history and needs. Your PCP may ask you some questions about your health history or may ask you to complete a questionnaire. Your PCP will also tell you about health education counseling and classes that may help you.

When you call to schedule your IHA appointment, tell the person who answers the phone that you are a member of CalOptima. Give your CalOptima ID number.

Take your BIC card and your CalOptima ID card to your appointment. It is a good idea to take a list of your medications and questions with you to your visit. Be ready to talk with your PCP about your health care needs and concerns.

Be sure to call your PCP's office if you are going to be late or cannot go to your appointment.

Routine care

Routine care is regular health care. It includes preventive care, also called wellness or well care. It helps you stay healthy and helps keep you from getting sick. Preventive care includes regular checkups and health education and counseling. In addition to preventive care, routine care also includes care when you are sick. CalOptima covers routine care from your PCP.

Your PCP will:

- Give you all your routine care, including regular checkups, shots, treatment, prescriptions and medical advice
- Keep your health records
- Refer (send) you to specialists if needed
- Order X-rays, mammograms or lab work if you need them

When you need routine care, you will call your PCP for an appointment. Be sure to call your PCP before you get medical care, unless it is an emergency. For an emergency, call **911** or go to the nearest emergency room.

To learn more about health care and services your plan covers, and what it does not cover, read Chapter 4 in this handbook.



Call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**), Monday through Friday from 8 a.m. to 5:30 p.m. This call is free. You can also visit our website at **www.caloptima.org**.

Urgent care

Urgent care is **not** for an emergency or life-threatening condition. It is for services you need to prevent serious damage to your health from a sudden illness, injury or complication of a condition you already have. Urgent care appointments require care within 48 hours. If you are outside CalOptima's service area, urgent care services may be covered. Urgent care needs could be a cold, sore throat, fever, ear pain, sprained muscle or maternity services.

For urgent care, call your PCP. If you cannot reach your PCP, call CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**). Or you can call CalOptima's Nurse Advice Line at **1-844-447-8441** 24 hours a day, 7 days a week. This call is free.

You can call the Nurse Advice Line to:

- Discuss symptoms;
- Receive information about non-urgent and urgent care;
- Discuss your medications; or
- Be directed for care to see a doctor, go to urgent care or seek emergency care.

If you need urgent care out of the area, go to the nearest urgent care facility. You do not need pre-approval (prior authorization). CalOptima does not cover health care services provided outside the United States, except for emergency medical services that require hospitalization in Canada or Mexico.

If you need mental health urgent care, call the county Mental Health Plan at 1-800-723-2641 that is available 24 hours a day, 7 days a week. To find all counties' toll-free telephone numbers online, visit <http://www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx>.



Call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**), Monday through Friday from 8 a.m. to 5:30 p.m. This call is free. You can also visit our website at **www.caloptima.org**.

Emergency care

For emergency care, call **911** or go to the nearest emergency room (ER). For emergency care, you do **not** need pre-approval (prior authorization) from your health network or CalOptima.

Emergency care is for life-threatening medical conditions. This care is for an illness or injury that a reasonable layperson (not a health care professional) with average knowledge of health and medicine could expect that, if you don't get care right away, your health (or your unborn baby's health) could be in danger, or a body function, body organ or body part could be seriously harmed. Examples include:

- Active labor
- Broken bone
- Severe pain, especially in the chest
- Severe burn
- Drug overdose
- Fainting
- Severe bleeding
- Psychiatric emergency condition

Do not go to the ER for routine care. You should get routine care from your PCP, who knows you best. If you are not sure if your medical condition is an emergency, call your PCP or your health care provider. You may also call CalOptima's Nurse Advice Line at **1-844-447-8441** 24 hours a day, 7 days a week. This call is free.

If you need emergency care away from home, go to the nearest emergency room (ER), even if it is not in the CalOptima network. If you go to an ER, ask them to call your PCP or health care provider. You or the hospital to which you were admitted should call CalOptima within 24 hours after you get emergency care. If you are traveling outside the U.S., other than to Canada or Mexico, and need emergency care, CalOptima will **not** cover your care.

If you need emergency transportation, call **911**. You do not need to ask your PCP or CalOptima first before you go to the ER.

If you need care in an out-of-network hospital after your emergency (post-stabilization care), the hospital will call either your PCP or CalOptima.



Call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**), Monday through Friday from 8 a.m. to 5:30 p.m. This call is free. You can also visit our website at **www.caloptima.org**.

Remember: Do not call **911** unless it is an emergency. Get emergency care only for an emergency, not for routine care or a minor illness like a cold or sore throat. If it is an emergency, call **911** or go to the nearest emergency room.

Sensitive care

Minor consent services

If you are under 18 years old, you can go to a doctor without consent from your parents or guardian for these types of care:

- Outpatient mental health (only minors 12 years or older) for:
 - Sexual or physical abuse
 - When you may hurt yourself or others
- Pregnancy
- Family planning/birth control (except sterilization)
- Sexual assault
- HIV/AIDS prevention/testing/treatment (only minors 12 years or older)
- Sexually transmitted infections prevention/testing/treatment (only minors 12 years or older)
- Drug and alcohol abuse treatment (only minors 12 years or older)

The doctor or clinic does not have to be part of the CalOptima network, and you do not need a referral from your PCP to get these services. For help finding a doctor or clinic giving these services, or for help getting to these services, you can call CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**). You may also call CalOptima's Nurse Advice Line at **1-844-447-8441** 24 hours a day, 7 days a week. This call is free.

Minors can talk to a representative in private about their health concerns by calling CalOptima's Nurse Advice Line at **1-844-447-8441** 24 hours a day, 7 days a week. This call is free.

Adult sensitive services

As an adult, you may not want to go to your PCP for certain sensitive or private care. If so, you may choose any doctor or clinic for these types of care:

- Family planning
- HIV/AIDS testing
- Sexually transmitted infections



Call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**), Monday through Friday from 8 a.m. to 5:30 p.m. This call is free. You can also visit our website at **www.caloptima.org**.

The doctor or clinic does not have to be part of CalOptima's network. Your PCP does not have to refer you for these types of service. For help finding a doctor or clinic giving these services, you can call CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**). You may also call CalOptima's Nurse Advice Line at **1-844-447-8441**, 24 hours a day, 7 days a week. This call is free.

Advance directives

An advance health directive is a legal form. On it, you can list what health care you want in case you cannot talk or make decisions later on. You can list what care you do not want. You can name someone, such as a spouse, to make decisions for your health care if you cannot.

You can get an advance directive form at drugstores, hospitals, law offices and doctors' offices. You may have to pay for the form. You can also find and download a free form online. You can ask your family, PCP or someone you trust to help you fill out the form.

You have the right to have your advance directive placed in your medical records. You have the right to change or cancel your advance directive at any time.

You have the right to learn about changes to advance directive laws. CalOptima will tell you about changes to the state law no longer than 90 days after the change.

Where to get care

You will get most of your care from your PCP. Your PCP will give you all of your routine preventive (wellness) care. You will also go to your PCP for care when you are sick. Be sure to call your PCP before you get non-emergency medical care. Your PCP will refer (send) you to specialists if you need them.

To get help with your health questions, you can also call CalOptima's Nurse Advice Line at **1-844-447-8441** 24 hours a day, 7 days a week. This call is free.

If you need urgent care, call your PCP. Urgent care is care you need within 48 hours but is not an emergency. It includes care for such things as cold, sore throat, fever, ear pain or sprained muscle.

For emergencies, call **911** or go to the nearest emergency room.



Call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**), Monday through Friday from 8 a.m. to 5:30 p.m. This call is free. You can also visit our website at **www.caloptima.org**.

Moral Objection

Some providers have a moral objection to some services. This means they have a right to **not** offer some covered services if they morally disagree. If your provider has a moral objection, he or she will help you find another provider for the needed services. CalOptima can also work with you to find a provider.

Some hospitals and other providers do not offer one or more of the services listed below. These services you or your family member might need may be covered under your plan contract:

- Family planning and contraceptive services, including emergency contraception
- Sterilization, including tubal ligation at the time of labor and delivery
- Infertility treatments
- Abortion

You should get more information before you enroll. Call the new doctor, medical group, independent practice association or clinic that you want. Or call CalOptima at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**) to make sure you can get the health care services you need. A health care service plan shall not be required to provide the statement described above in a service area in which none of the hospitals, health facilities, clinics, medical groups or independent practice associations with which it contracts limit or restrict any of the reproductive services described in the statement.

Provider Directory

The CalOptima Provider Directory lists providers that participate in the CalOptima network. The network is the group of providers that work with CalOptima.

The CalOptima Provider Directory lists:

- Hospitals
- Pharmacies
- Primary Care Physicians
- Specialists
- Outpatient mental health providers
- Long-term services and supports (LTSS)
- Community Based Adult Services (CBAS)
- Vision providers



Call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**), Monday through Friday from 8 a.m. to 5:30 p.m. This call is free. You can also visit our website at **www.caloptima.org**.

- Support Providers
- Nursing Facilities
- Urgent Care Centers

The Provider Directory has CalOptima's network provider names, addresses, phone numbers, business hours and languages spoken. It tells if the provider is taking new patients. It also gives the level of physical accessibility for the building, such as parking, ramps, stairs with handrails, and restrooms with wide doors and grab bars.

You can find the online Provider Directory at **www.caloptima.org**.

If you need a printed Provider Directory, call CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**).

Provider network

The provider network is the group of doctors, hospitals and other providers that work with CalOptima. You will get your covered services through the CalOptima network.

Some members who also have certain types of Medicare eligibility or who have certain medical conditions do not need to choose a health network or a PCP. If you think this might be you, please call CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**).

If your provider in the network, including a PCP, hospital or other provider, has a moral objection to providing you with a covered service, such as family planning or abortion, call CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**). Go to Chapter 3 for more about moral objections.

If your provider has a moral objection, he or she can help you find another provider who will give you the services you need. CalOptima can also work with you to find a provider.

In network

You will use providers in your health network for your health care needs (certain exceptions apply, please call Customer Service for details). You will get preventive and routine care from your PCP. You will also use specialists, hospitals and other providers in CalOptima's network.



Call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**), Monday through Friday from 8 a.m. to 5:30 p.m. This call is free. You can also visit our website at **www.caloptima.org**.

To get a Provider Directory of network providers, call CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**). You can also find the Provider Directory online at **www.caloptima.org**.

For emergency care, call **911** or go to the nearest emergency room.

Except for emergency care, you may have to pay for care from providers who are out of network.

Out of network or Out-of-service area

Out-of-network providers are those that do not have an agreement to work with your CalOptima. Except for emergency care, you may have to pay for care from providers who are out of the network. If you need covered health care services, you may be able to get them out of the network at no cost to you as long as they are medically necessary and not available in the network.

If you need help with out-of-network services, call CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**).

If you are outside of the CalOptima service area and need care that is **not** an emergency or urgent, call your PCP right away. Or call CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**).

For emergency care, call **911** or go to the nearest emergency room. CalOptima covers out-of-network emergency care. If you travel to Canada or Mexico and need emergency services requiring hospitalization, CalOptima will cover your care. If you are traveling internationally outside of Canada or Mexico and need emergency care, CalOptima will **not** cover your care.

If you need health care services for a California Children's Services (CCS) eligible condition and CalOptima does not have a CCS-paneled specialist in the network who can provide the care you need, you may be able to go to a provider outside of the provider network at no cost to you. To learn more about the CCS program, read the Benefits and Services chapter of this handbook.

If you have questions about out-of-network or out-of-service area care, call CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**). If the office is closed and you want help from a representative, call CalOptima's Nurse Advice Line at **1-844-447-8441** 24 hours a day, 7 days a week. This call is free.



Call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**), Monday through Friday from 8 a.m. to 5:30 p.m. This call is free. You can also visit our website at **www.caloptima.org**.

Health Networks

CalOptima contracts with different groups of doctors and hospitals, called health networks, to provide your health care services. You must choose a health network and PCP within 30 days from the time you become a member in CalOptima. If you do not choose a health network and PCP, CalOptima will choose one for you.

You may choose the same health network and PCP or different health networks and PCPs for all family members in CalOptima.

Some members who also have certain types of Medicare eligibility or who have certain medical conditions do not need to choose a health network or a PCP. If you think this might be you, please call CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**).

Doctors

You will choose your doctor or a primary care provider (PCP) from the CalOptima Provider Directory. The doctor you choose must be a participating provider. This means the provider is in the CalOptima network. To get a copy of the CalOptima Provider Directory, call CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**). Or find it online at **www.caloptima.org**.

Some members who also have certain types of Medicare eligibility or who have certain medical conditions do not need to choose a health network or a PCP. If you think this might be you, please call CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**).

You should also call if you want to check to be sure the PCP you want is taking new patients.

If you had a doctor before you were a member of CalOptima, you may be able to keep that doctor for a limited time. This is called continuity of care. You can read more about continuity of care in this handbook. To learn more, call CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**).

If you need a specialist, your PCP will refer you to a specialist in CalOptima's network.

Remember, if you do not choose a PCP, CalOptima will choose one for you. You know your health care needs best, so it is best if you choose.



Call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**), Monday through Friday from 8 a.m. to 5:30 p.m. This call is free. You can also visit our website at **www.caloptima.org**.

If you want to change your PCP, you must choose a PCP from the CalOptima Provider Directory. Be sure the PCP is taking new patients. To change your PCP, call CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**).

Hospitals

In an emergency, call **911** or go to the nearest hospital.

If it is not an emergency and you need hospital care, your PCP will decide which hospital you go to. You will need to go to a hospital in the network. The hospitals in the CalOptima's networks are listed in the Provider Directory. Hospital services, other than emergencies, require pre-approval (prior authorization).

Primary Care Provider (PCP)

Travel time and distance to care

CalOptima must follow travel time and distance standards for your care. Those standards help to make sure you are able to get care without having to travel too long or too far from where you live. Travel time and distance standards are different depending on the county you live in.

If CalOptima is not able to provide care to you within these travel time and distance standards, a different standard called an alternative access standard may be used. To see CalOptima's time and distance standards for where you live, please, **www.caloptima.org** or call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**).

If you need care from a specialist and that provider is located far from where you live, you can call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**) to get help finding care with a specialist located closer to you. If CalOptima cannot find care for you with a closer specialist, you can request CalOptima arrange transportation for you to see a specialist even if that specialist is located far from where you live. It is considered far if you cannot get to that specialist within the CalOptima travel time and distance standards for your county, regardless of any alternative access standard CalOptima may use for your ZIP Code.



Call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**), Monday through Friday from 8 a.m. to 5:30 p.m. This call is free. You can also visit our website at **www.caloptima.org**.

Selecting a Primary Care Provider (PCP)

You must choose a PCP within 30 days of enrolling in CalOptima.

Some members who also have certain types of Medicare eligibility or who have certain medical conditions do not need to choose a health network or a PCP. If you think this might be you, please call CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**).

Depending on your age and sex, you may choose a general practitioner, ob/gyn, family practitioner, internist or pediatrician as your primary care provider (PCP). A nurse practitioner (NP), physician assistant (PA) or certified nurse midwife may also act as your PCP. If you choose an NP, PA or certified nurse midwife, you may be assigned a doctor to oversee your care.

You can also choose a Federally Qualified Health Center (FQHC) as your PCP. Depending on the type of the provider, you may be able to choose one PCP for your entire family who are members of CalOptima. If you do not choose a PCP within 30 days of enrollment, CalOptima will assign you to a PCP. If you are assigned to a PCP and want to change, call CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**). The change happens the first day of the next month.

Your PCP will:

- Get to know your health history and needs
- Keep your health records
- Give you the preventive and routine health care you need
- Refer (send) you to a specialist if you need one
- Arrange for hospital care if you need it

You can look in the Provider Directory to find a PCP in the CalOptima's network. The Provider Directory has a list of FQHCs that work with CalOptima.

You can find the CalOptima Provider Directory online at **www.caloptima.org**. Or you can request a Provider Directory to be mailed to you by calling CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**). You can also call to find out if the PCP you want is taking new patients.



Call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**), Monday through Friday from 8 a.m. to 5:30 p.m. This call is free. You can also visit our website at **www.caloptima.org**.

Choice of doctors and other providers

You know your health care needs best, so it is best if you choose your PCP.

It is best to stay with one PCP so he or she can get to know your health care needs. However, if you want to change to a new PCP, you can change anytime. You must choose a PCP who is in the CalOptima provider network and is taking new patients.

Your new choice will become your PCP on the first day of the next month after you make the change.

To change your PCP, call CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**).

CalOptima may ask you to change your PCP if the PCP is not taking new patients, has left the CalOptima network or does not give care to patients your age. Your health network, CalOptima, or your PCP may also ask you to change to a new PCP if you cannot get along with or agree with your PCP, or if you miss or are late to appointments. If CalOptima needs to change your PCP, CalOptima will tell you in writing.

If you change your health network, you will get a new CalOptima member ID card in the mail. It will have the name of your new network. Call Customer Service if you have questions about getting a new ID card.

Appointments

When you need health care:

- Call your PCP
- Have your CalOptima ID number ready on the call
- Leave a message with your name and phone number if the office is closed
- Take your BIC card and CalOptima ID card to your appointment
- Ask for transportation to your appointment, if needed
- Ask for language assistance or interpretation services, if needed
- Be on time for your appointment
- Call right away if you cannot keep your appointment or will be late
- Have your questions and medication information ready in case you need them

If you have an emergency, call **911** or go to the nearest emergency room.



Call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**), Monday through Friday from 8 a.m. to 5:30 p.m. This call is free. You can also visit our website at **www.caloptima.org**.

Payment

You do **not** have to pay for covered services. In most cases, you will not get a bill from a provider. You may get an Explanation of Benefits (EOB) or a statement from a provider. EOBs and statements are not bills.

If you do get a bill, call CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**). Tell CalOptima the amount charged, the date of service and the reason for the bill. You are **not** responsible to pay a provider for any amount owed by CalOptima for any covered service. Except for emergency care or urgent care, you may have to pay for care from providers who are not in the network. If you need covered health care services, you may be able to get them at an out-of-network provider at no cost to you, as long as they medically necessary and are not available in the network.

If you get a bill or are asked to pay a co-pay that you think you did not have to pay, you can file a reimbursement request. You will need to tell CalOptima in writing why you had to pay for the item or service. CalOptima will decide if you can get money back. For questions or to ask for reimbursement, call CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**).

Referrals

Your PCP will give you a referral to send you to a specialist if you need one. A specialist is a doctor who has extra education in one area of medicine. Your PCP will work with you to choose a specialist. Your PCP's office can help you set up a time to go to the specialist.

Other services that may require a referral include in-office procedures, X-rays, lab work.

Your PCP may give you a form to take to the specialist. The specialist will treat you for as long as he or she thinks you need treatment.

If you have a health problem that needs special medical care for a long time, you may need a standing referral. This means you can go to the same specialist more than once without getting a referral each time.

If you have trouble getting a standing referral or want a copy of the CalOptima referral policy, call CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**).



Call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**), Monday through Friday from 8 a.m. to 5:30 p.m. This call is free. You can also visit our website at **www.caloptima.org**.

You do not need a referral for:

- PCP visits
- Ob/gyn visits
- Urgent or emergency care visits
- Adult sensitive services, such as sexual assault care
- Family planning services (to learn more, call California Family Planning Information and Referral Service at 1-800-942-1054)
- HIV testing and counseling (only minors 12 years or older)
- Treatment for sexually transmitted infections (only minors 12 years or older)
- Acupuncture (the first two services per month; additional appointments will need a referral)
- Chiropractic services (when provided by FQHCs and RHCs)
- Podiatry services (when provided by FQHCs and RHCs)
- Eligible dental services
- Initial mental health assessment
- Non-Medical Transportation (NMT)

Minors also do not need a referral for:

- Outpatient mental health for:
 - Sexual or physical abuse
 - When you may hurt yourself or others
- Pregnancy care
- Sexual assault care
- Drug and alcohol abuse treatment

Pre-approval

For some types of care, your PCP or specialist will need to ask CalOptima for permission before you get the care. This is called asking for prior authorization, prior approval, or pre-approval. It means that CalOptima must make sure that the care is medically necessary or needed.



Call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**), Monday through Friday from 8 a.m. to 5:30 p.m. This call is free. You can also visit our website at **www.caloptima.org**.

Care is medically necessary if it is reasonable and necessary to protect your life, keeps you from becoming seriously ill or disabled, or reduces severe pain from a diagnosed disease, illness or injury.

The following services always need pre-approval, even if you receive them from a provider in the CalOptima network:

- Hospitalization, if not an emergency
- Services out of the CalOptima's service area
- Outpatient surgery
- Long-term care at a nursing facility
- Specialized treatments

For some services, you need pre-approval (prior authorization). Under Health and Safety Code Section 1367.01(h)(2), CalOptima will decide routine pre-approvals within 5 working days of when CalOptima gets the information reasonably needed to decide.

For requests in which a provider indicates or CalOptima determines that following the standard timeframe could seriously jeopardize your life or health or ability to attain, maintain, or regain maximum function, CalOptima will make an expedited (fast) pre-approval decision. CalOptima will give notice as quickly as your health condition requires and no later than 72 hours after receiving the request for services.

CalOptima does not pay the reviewers to deny coverage or services. If CalOptima does not approve the request, CalOptima will send you a Notice of Action (NOA) letter. The NOA letter will tell you how to file an appeal if you do not agree with the decision.

CalOptima will contact you if CalOptima needs more information or more time to review your request.

You never need pre-approval for emergency care, even if it is out of the network. This includes labor and delivery if you are pregnant.

Second opinions

You might want a second opinion about care your provider says you need or about your diagnosis or treatment plan. For example, you may want a second opinion if you are not sure you need a prescribed treatment or surgery, or you have tried to follow a treatment plan and it has not worked.



Call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088 (TTY 1-800-735-2929)**, Monday through Friday from 8 a.m. to 5:30 p.m. This call is free. You can also visit our website at **www.caloptima.org**.

If you want to get a second opinion, you can choose an in-network provider of your choice. For help choosing a provider, call CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**).

CalOptima will pay for a second opinion if you or your network provider asks for it and you get the second opinion from a network provider. You do not need permission from CalOptima to get a second opinion from a network provider.

If there is no provider in CalOptima's network to give you a second opinion, CalOptima will pay for a second opinion from an out-of-network provider. CalOptima will tell you within 5 business days if the provider you choose for a second opinion is approved. If you have a chronic, severe or serious illness, or face an immediate and serious threat to your health, including, but not limited to, loss of life, limb, or major body part or bodily function, CalOptima will decide within 72 hours.

If CalOptima denies your request for a second opinion, you may appeal. To learn more about appeals, go to page 77 in this handbook.

Women's health specialists

You may go to a women's health specialist within CalOptima's network for covered care necessary to provide women's routine and preventive health care services. You do not need a referral from your PCP to get these services. For help finding a women's health specialist, you can call CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**). You may also call CalOptima's Nurse Advice Line at **1-844-447-8441** 24 hours a day, 7 days a week. This call is free.

Timely access to care

Appointment Type	Must Get Appointment Within
Urgent care appointments that do not require pre-approval (prior authorization)	48 hours
Urgent care appointment that do require pre-approval (prior authorization)	96 hours
Non-urgent primary care appointments	10 business days
Non-urgent specialist	15 business days



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Appointment Type	Must Get Appointment Within
Non-urgent mental health provider (non-doctor)	10 business days
Non-urgent appointment for ancillary services for the diagnosis or treatment of injury, illness or other health condition	15 business days
Telephone wait times during normal business hours	10 minutes
Triage – 24/7 services	24/7 services – No more than 30 minutes
Initial pre-natal care	10 business days



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4. Benefits and services

What your health plan covers

This section explains all of your covered services as a member of CalOptima. Your covered services are free as long as they are medically necessary and provided by an in-network provider. Your health plan may cover medically necessary services from an out-of-network provider. But you must ask CalOptima for this. Care is medically necessary if it is reasonable and necessary to protect your life, keeps you from becoming seriously ill or disabled, or reduces severe pain from a diagnosed disease, illness or injury.

CalOptima offers these types of services:

- Outpatient (ambulatory) services
- Emergency services
- Hospice and palliative care
- Hospitalization
- Maternity and newborn care
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory and radiology services, such as X-rays
- Preventive and wellness services and chronic disease management
- Mental health services
- Substance use disorder treatment services
- Pediatric services
- Vision services
- Non-emergency medical transportation (NEMT)
- Non-medical transportation (NMT)
- Long-term services and supports (LTSS)
- CCS-eligible services

Read each of the sections below to learn more about the services you can get.



Call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**), Monday through Friday from 8 a.m. to 5:30 p.m. This call is free. You can also visit our website at **www.caloptima.org**.

Medi-Cal benefits

Outpatient (ambulatory) services

■ Adult Immunizations

You can get adult immunizations (shots) from a network pharmacy or network provider without pre-approval. CalOptima covers those shots recommended by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC).

■ Allergy care

CalOptima covers allergy testing and treatment, including allergy desensitization, hyposensitization or immunotherapy.

■ Anesthesiologist services

CalOptima covers anesthesia services that are medically necessary when you receive outpatient care.

■ Chiropractic services

CalOptima covers chiropractic services, limited to the treatment of the spine by manual manipulation. Chiropractic services are limited to two services per month in combination with acupuncture, audiology, occupational therapy and speech therapy services. CalOptima may pre-approve other services as medically necessary.

The following members are eligible for chiropractic services:

- Children under age 21;
- Pregnant women through the end of the month that includes 60-days following the end of a pregnancy;
- Residents in a skilled nursing facility, intermediate care facility, or subacute care facility; or
- All members when services are provided at hospital outpatient departments, FQHC or RHC.

■ Dialysis/hemodialysis services

CalOptima covers dialysis treatments. CalOptima also covers hemodialysis (chronic dialysis) services if your PCP and CalOptima approve it.



Call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088 (TTY 1-800-735-2929)**, Monday through Friday from 8 a.m. to 5:30 p.m. This call is free. You can also visit our website at **www.caloptima.org**.

■ Outpatient surgery

CalOptima covers outpatient surgical procedures. Those needed for diagnostic purposes, procedures considered to be elective, and specified outpatient medical procedures require pre-approval (prior authorization).

■ Physician services

CalOptima covers physician services that are medically necessary.

■ Podiatry (foot) services

CalOptima covers podiatry services as medically necessary for diagnosis and medical, surgical, mechanical, manipulative, and electrical treatment of the human foot, including the ankle and tendons that insert into the foot and the nonsurgical treatment of the muscles and tendons of the leg governing the functions of the foot.

■ Treatment therapies

CalOptima covers different treatment therapies, including:

- Chemotherapy
- Radiation therapy

Mental health services

■ Outpatient mental health services

CalOptima covers an initial mental health assessment without requiring pre-approval (prior authorization). You may get a mental health assessment at any time from a licensed mental health provider in the CalOptima network without a referral.

Your PCP or mental health provider will make a referral for additional mental health screening to a specialist within the CalOptima network to determine your level of impairment. If your mental health screening results determine you are in mild or moderate distress or have impairment of mental, emotional or behavioral functioning, CalOptima can provide mental health services for you. CalOptima covers these mental health services:

- Individual and group mental health evaluation and treatment (psychotherapy)
- Psychological testing when clinically indicated to evaluate a mental health condition



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- Development of cognitive skills to improve attention, memory and problem solving
- Outpatient services for the purposes of monitoring medication therapy
- Outpatient laboratory, medications, supplies and supplements
- Psychiatric consultation

For help finding more information on mental health services provided by CalOptima, call CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**).

If your mental health screening results determine you may have a higher level of impairment and need specialty mental health services (SMHS), your PCP or your mental health provider will refer you to the county mental health plan to receive an assessment. To learn more, read *"What your health plan does not cover"* on page 53.

Emergency services

■ Inpatient and outpatient services needed to treat a medical emergency

CalOptima covers all services that are needed to treat a medical emergency that happens in the U.S. or requires you to be hospitalized in Canada or Mexico. A medical emergency is a medical condition with severe pain or serious injury. The condition is so serious that, if it does not get immediate medical attention, anyone with an average knowledge of health and medicine could expect it to result in:

- Serious risk to your health; or
- Serious harm to bodily functions; or
- Serious dysfunction of any bodily organ or part; or
- In the case of a pregnant woman in active labor, meaning labor at a time when either of the following would occur:
 - There is not enough time to safely transfer you to another hospital before delivery.
 - The transfer may pose a threat to your health or safety or to that of your unborn child.

■ Emergency transportation services

CalOptima covers ambulance services to help you get to the nearest place of care in emergency situations. This means that your condition is serious enough that other ways of getting to a place of care could risk your health or life. No services



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are covered outside the U.S., except for emergency services that require you to be hospitalized in Canada or Mexico.

Hospice and palliative care

CalOptima covers hospice care and palliative care for children and adults, which help reduce physical, emotional, social and spiritual discomforts.

Hospice care is a benefit that services terminally ill members. It is intervention that focuses mainly on pain and symptom management rather than on a cure to prolong life.

Hospice care includes:

- Nursing services
- Physical, occupational or speech services
- Medical social services
- Home health aide and homemaker services
- Medical supplies and appliances
- Drugs and biological services
- Counselling services
- Continuous nursing services on a 24-hour basis during periods of crisis and as necessary to maintain the terminally ill member at home
- Inpatient respite care for up to five consecutive days at a time in a hospital, skilled nursing facility or hospice facility
- Short-term inpatient care for pain control or symptom management in a hospital, skilled nursing facility or hospice facility

Palliative care is patient- and family-centered care that improves quality of life by anticipating, preventing and treating suffering. Palliative care does not require the member to have a life expectancy of six months or less. Palliative care may be provided at the same time as curative care.

Hospitalization

■ Anesthesiologist services

CalOptima covers medically necessary anesthesiologist services during covered hospital stays. An anesthesiologist is a provider who specializes in giving patients anesthesia. Anesthesia is a type of medicine used during some medical procedures.



Call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**), Monday through Friday from 8 a.m. to 5:30 p.m. This call is free. You can also visit our website at **www.caloptima.org**.

■ Inpatient hospital services

CalOptima covers medically necessary inpatient hospital care when you are admitted to the hospital.

■ Surgical services

CalOptima covers medically necessary surgeries performed in a hospital.

Maternity and newborn care

CalOptima covers these maternity and newborn care services:

- Breastfeeding education and aids
- Delivery and postpartum care
- Prenatal care
- Birthing center services
- Certified Nurse Midwife (CNM)
- Licensed Midwife (LM)
- Diagnosis of fetal genetic disorders and counseling

Prescription drugs

Covered drugs

Your provider can prescribe you drugs that are on the CalOptima's Approved Drug List (ADL), subject to exclusions and limitations. The CalOptima's ADL is sometimes called a formulary. Drugs on the ADL are safe and effective for their prescribed use. A group of doctors and pharmacists update this list.

- Updating this list helps make sure the drugs on it are safe and effective.
- If your doctor thinks you need to take a drug that is not on this list, your doctor will need to call CalOptima to ask for pre-approval before you get the drug.

To find out if a drug is on the CalOptima ADL or to get a copy of the ADL, call CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**). You may also find the ADL at **www.caloptima.org**.

Sometimes CalOptima needs to approve a drug before a provider can prescribe it. CalOptima will review and decide these requests within 24 hours.

- A pharmacist or hospital emergency room may give you a 72-hour emergency supply if they think you need it. CalOptima will pay for the emergency supply.



Call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**), Monday through Friday from 8 a.m. to 5:30 p.m. This call is free. You can also visit our website at **www.caloptima.org**.

- If CalOptima says no to the request, CalOptima will send you a letter that lets you know why and what other drugs or treatments you can try.

Pharmacies

If you are filling or refilling a prescription, you must get your prescribed drugs from a pharmacy that works with CalOptima. You can find a list of pharmacies that work with CalOptima in the CalOptima Provider Directory at **www.caloptima.org**. You can also find a pharmacy near you by calling CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**).

Once you choose a pharmacy, take your prescription to the pharmacy. Your provider may also send it to the pharmacy for you. Give the pharmacy your prescription with your CalOptima ID card. Make sure the pharmacy knows about all medications you are taking and any allergies you have. If you have any questions about your prescription, make sure you ask the pharmacist.

Pharmacy Home

If you get your medications from four or more pharmacies during a two-month period, you will be asked to choose only one pharmacy from CalOptima's Pharmacy Home Network List. The chosen pharmacy will be your "Pharmacy Home" for filling all your prescriptions. You will need to fill all your prescriptions with your Pharmacy Home for a period of 12 months. If you do not choose a Pharmacy Home within 30 days from the date you are asked to choose one, CalOptima will assign you to a pharmacy. Except in an emergency, CalOptima will not cover medications from any pharmacy other than your chosen or assigned Pharmacy Home. You may ask to change your Pharmacy Home within the 12-month period by calling CalOptima's Customer Service department.

Rehabilitative and habilitative services and devices

The plan covers:

■ ***Acupuncture***

CalOptima covers acupuncture services to prevent, modify or alleviate the perception of severe, persistent chronic pain resulting from a generally recognized medical condition. Outpatient acupuncture services (with or without electric stimulation of needles) are limited to two services per month, in combination with audiology, chiropractic, occupational therapy and speech therapy services. CalOptima may pre-approve (prior authorization) additional services as medically necessary.



Call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**), Monday through Friday from 8 a.m. to 5:30 p.m. This call is free. You can also visit our website at **www.caloptima.org**.

■ ***Audiology (hearing)***

CalOptima covers audiology services. Outpatient audiology is limited to two services per month, in combination with acupuncture, chiropractic, occupational therapy and speech therapy services. CalOptima may pre-approve (prior authorization) additional services as medically necessary.

■ ***Behavioral health treatments***

Behavioral health treatment (BHT) includes services and treatment programs, such as applied behavior analysis and evidence-based behavior intervention programs, that develop or restore, to the maximum extent practicable, the functioning of an individual.

BHT services teach skills using behavioral observation and reinforcement, or through prompting to teach each step of a targeted behavior. BHT services are based on reliable evidence and are not experimental. Examples of BHT services include behavioral interventions, cognitive behavioral intervention packages, comprehensive behavioral treatment and applied behavioral analysis.

BHT services must be medically necessary, prescribed by a licensed doctor or psychologist, approved by the plan, and provided in a way that follows the approved treatment plan.

■ ***Cancer clinical trials***

CalOptima covers a clinical trial if it is related to the prevention, detection or treatment of cancer or other life-threatening conditions and if the study is conducted by the U.S. Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDC) or Centers for Medicare and Medicaid Services (CMS). Studies must be approved by the National Institutes of Health, the FDA, the Department of Defense or the Veterans Administration.

■ ***Cardiac rehabilitation***

CalOptima covers inpatient and outpatient cardiac rehabilitative services.

■ ***Cosmetic Surgery***

CalOptima does not cover cosmetic surgery to change the shape of normal structures of the body in order to improve appearance.



Call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088 (TTY 1-800-735-2929)**, Monday through Friday from 8 a.m. to 5:30 p.m. This call is free. You can also visit our website at **www.caloptima.org**.

■ ***Durable medical equipment***

CalOptima covers the purchase or rental of medical supplies, equipment and other services with a prescription from a doctor. Prescribed DME items may be covered as medically necessary to preserve bodily functions essential to activities of daily living or to prevent major physical disability. CalOptima does not cover comfort, convenience or luxury equipment, features and supplies.

■ ***Enteral and parenteral nutrition***

These methods of delivering nutrition to the body are used when a medical condition prevents you from eating food normally. CalOptima covers enteral and parenteral nutrition products when medically necessary.

■ ***Hearing aids***

CalOptima covers hearing aids if you are tested for hearing loss and have a prescription from your doctor. CalOptima may also cover hearing aid rentals, replacements and batteries for your first hearing aid.

■ ***Home health services***

CalOptima covers health services provided in your home, when prescribed by your doctor and found to be medically necessary.

■ ***Medical supplies, equipment and appliances***

CalOptima covers medical supplies that are prescribed by a doctor.

■ ***Occupational therapy***

CalOptima covers occupational therapy services, including occupational therapy evaluation, treatment planning, treatment, instruction and consultative services. Occupational therapy services are limited to two services per month in combination with acupuncture, audiology, chiropractic and speech therapy services. CalOptima may pre-approve (prior authorization) additional services as medically necessary.

■ ***Orthotics/prostheses***

CalOptima covers orthotic and prosthetic devices and services that are medically necessary and prescribed by your doctor, podiatrist, dentist, or non-physician medical provider. This includes implanted hearing devices, breast prosthesis/mastectomy bras, compression burn garments and prosthetics to restore function or replace a body part, or to support a weakened or deformed body part.



Call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088 (TTY 1-800-735-2929)**, Monday through Friday from 8 a.m. to 5:30 p.m. This call is free. You can also visit our website at **www.caloptima.org**.

■ ***Ostomy and urological supplies***

CalOptima covers ostomy bags, urinary catheters, draining bags, irrigation supplies and adhesives. This does not include supplies that are for comfort, convenience or luxury equipment or features.

■ ***Physical therapy***

CalOptima covers physical therapy services, including physical therapy evaluation, treatment planning, treatment, instruction, consultative services and application of topical medications.

■ ***Pulmonary rehabilitation***

CalOptima covers pulmonary rehabilitation that is medically necessary and prescribed by a doctor.

■ ***Reconstructive Services***

CalOptima covers surgery to correct or repair abnormal structures of the body to improve or create a normal appearance to the extent possible. Abnormal structures of the body are those caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease.

■ ***Skilled nursing facility services***

CalOptima covers skilled nursing facility services as medically necessary if you are disabled and need a high level of care. These services include room and board in a licensed facility with skilled nursing care on a 24-hour per day basis.

■ ***Speech therapy***

CalOptima covers speech therapy that is medically necessary. Speech therapy services are limited to two services per month, in combination with acupuncture, audiology, chiropractic and occupational therapy. CalOptima may pre-approve (prior authorization) additional services as medically necessary.

■ ***Transgender Services***

CalOptima covers transgender services (gender-affirming services) as a benefit when they are medically necessary or when the services meet the criteria for reconstructive surgery.



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Laboratory and radiology services

CalOptima covers outpatient and inpatient laboratory and X-ray services when medically necessary. Various advanced imaging procedures are covered based on medical necessity.

Preventive and wellness services and chronic disease management

The plan covers:

- Advisory Committee for Immunization Practices recommended vaccines
- Family planning services
- Health Resources and Service Administration's Bright Futures recommendations
- Preventive services for women recommended by the Institute of Medicine
- Smoking cessation services
- United States Preventive Services Task Force A and B recommended preventive services

Family planning services are provided to members of childbearing age to enable them to determine the number and spacing of children. These services include some methods of birth control approved by the FDA. CalOptima's PCP and ob/gyn specialists are available for family planning services.

For family planning services, you may also choose a doctor or clinic not connected with CalOptima without having to get pre-approval from CalOptima. Services from an out-of-network provider not related to family planning may not be covered. To learn more, call CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**).

Diabetes Prevention Program

The Diabetes Prevention Program (DPP) is an evidence-based lifestyle change program. It is designed to prevent or delay the onset of type 2 diabetes among individuals diagnosed with prediabetes. The program lasts one year. It can last for a second year for members who qualify. The program-approved lifestyle support and techniques include, but are not limited to:

- Providing a peer coach
- Teaching self-monitoring and problem solving
- Providing encouragement and feedback



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- Providing informational materials to support goals
- Tracking routine weigh-ins to help accomplish goals

Members must meet program eligibility requirements to join DPP. Call CalOptima to learn more about the program and eligibility.

Substance use disorder services

The plan covers:

- Alcohol misuse screenings and behavioral health counseling interventions for alcohol misuse

Pediatric services

The plan covers:

- Early and periodic screening, diagnostic and treatment (EPSDT) services.
- If you or your child are under 21 years old, CalOptima covers well-child visits. Well-child visits are a comprehensive set of preventive, screening, diagnostic, and treatment services.
- CalOptima will make appointments and provide transportation to help children get the care they need.
- Preventive care can be regular health check-ups and screenings to help your doctor find problems early. Regular check-ups help your doctor look for any problems with your medical, dental, vision, hearing, mental health, and any substance use disorders. CalOptima covers screening services (including lead blood level assessment) any time there is a need for them, even if it is not during your regular check-up. Also, preventive care can be shots you or your child need. CalOptima must make sure that all enrolled children get needed shots at the time of any health care visit.
- When a problem physical or mental health issue is found during a check-up or screening, there may be care that can fix or help the problem. If the care is medically necessary and CalOptima is responsible for paying for the care, then CalOptima covers the care at no cost to you. These services include:
 - Doctor, nurse practitioner, and hospital care
 - Shots to keep you healthy
 - Physical, speech/language, and occupational therapies
 - Home health services, which could be medical equipment, supplies, and appliances



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- Treatment for vision and hearing, which could be eyeglasses and hearing aids
- Behavioral Health Treatment for autism spectrum disorders and other developmental disabilities
- Case management, targeted case management, and health education
- Reconstructive surgery, which is surgery to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease to improve function or create a normal appearance.
- If the care is medically necessary and CalOptima is not responsible for paying for the care, then CalOptima will help you get the right care you need. These services include:
 - Treatment and rehabilitative services for mental health and substance use disorders
 - Treatment for dental issues, which could be orthodontics
 - Private duty nursing services

Vision services

The plan covers:

- Routine eye exam once every 24 months; CalOptima may pre-approve (prior authorization) additional services as medically necessary.
- Eyeglasses (frames and lens) once every 24 months; contact lens when required for medical conditions such as aphakia, aniridia and keratoconus.

Non-emergency medical transportation (NEMT)

You are entitled to use non-emergency medical transportation (NEMT) when you physically or medically are not able to get to your medical, dental, mental health and substance use disorder appointment by car, bus, train or taxi, and the plan pays for your medical or physical condition. Before getting NEMT, you need to request the service through your doctor, and they will prescribe the correct type of transportation to meet your medical condition.

NEMT is an ambulance, litter van, wheelchair van or air transport. NEMT is not a car, bus or taxi. CalOptima allows the lowest cost NEMT for your medical needs when you need a ride to your appointment. That means, for example, if you can physically or medically be transported by a wheelchair van, CalOptima will not pay for an ambulance. You



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are only entitled to air transport if your medical condition makes any form of ground transportation impossible.

NEMT must be used when:

- It is physically or medically needed as determined with a written authorization by a doctor; or you are not able to physically or medically use a bus, taxi, car or van to get to your appointment.
- You need help from the driver to and from your residence, vehicle or place of treatment due to a physical or mental disability.
- It is approved in advance by CalOptima with a written authorization by a doctor.

To ask for NEMT services that your doctor has prescribed, please call CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**) at least 15 business days (Monday-Friday) before your appointment. For urgent appointments, please call as soon as possible. Please have your member ID card ready when you call.

Limits of NEMT

There are no limits for receiving NEMT to or from medical, dental, mental health and substance use disorder appointments covered under CalOptima when a provider has prescribed it for you. If the appointment type is covered by Medi-Cal but not through the health plan, your health plan will provide for or help you schedule your transportation.

What does not apply?

Transportation will not be provided if your physical and medical condition allows you to get to your medical appointment by car, bus, taxi or other easily accessible method of transportation. Transportation will not be provided if the service is not covered by Medi-Cal. A list of covered services is in this Member Handbook.

Cost to member

There is no cost when transportation is authorized by CalOptima.

Non-medical transportation (NMT)

You can use non-medical transportation (NMT) when you are:

- Traveling to and from an appointment for a Medi-Cal service authorized by your provider.
- Picking up prescriptions and medical supplies.



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CalOptima allows you to use a car, taxi, bus or other public/private way of getting to your medical appointment for Medi-Cal-covered services. CalOptima provides mileage reimbursement when transportation is in a private vehicle arranged by the member and not through a transportation broker, bus passes, taxi vouchers or train tickets.

Before getting approval for mileage reimbursement, you must state to CalOptima by phone, by email or in person that you tried to get all other reasonable transportation choices and could not get one. CalOptima allows the lowest cost NMT type that meets your medical needs.

To request NMT for services that your provider authorized, call CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** at least **15** business days (Monday-Friday) before your appointment or call as soon as you can when you have an urgent appointment. Please have your member ID card ready when you call.

Limits of NMT

There are no limits for receiving NMT to or from medical, dental, mental health and substance use disorder appointments when a provider has authorized it for you. If the appointment type is covered by Medi-Cal but not through the health plan, your health plan will provide for or help you schedule your transportation.

What does not apply?

NMT does not apply if:

- An ambulance, litter van, wheelchair van, or other form of NEMT is medically needed to get to a covered service.
- You need assistance from the driver to and from the residence, vehicle or place of treatment due to a physical or medical condition.
- The service is not covered by Medi-Cal.

Cost to member

There is no cost when transportation is authorized by CalOptima.

Long-term services and supports (LTSS)

CalOptima covers these LTSS benefits for members who qualify:

- Skilled nursing facility services as approved by CalOptima
- Home and Community Based Services as approved by CalOptima



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Coordinated Care Initiative (CCI) benefits

This is a list of minimum Coordinated Care Initiative (CCI) benefits. For details on CCI benefits, please go to the Coordinated Care Initiative (CCI) section of this handbook.

The plan covers:

- A network of providers working together for you
- A personal care coordinator who will make sure you get the care and support you need
- A customized review of your health needs and care plan
- One health insurance card
- A nurse advice line to call 24 hours a day, 7 days a week

What your health plan does not cover

Other services you can get through Fee-For-Service (FFS) Medi-Cal

Sometimes CalOptima does not cover services, but you can still get them through FFS Medi-Cal. This section lists these services. To learn more, call CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**).

Specialty mental health services

County mental health plans provide specialty mental health services (SMHS) to Medi-Cal beneficiaries who meet medical necessity rules. SMHS may include these outpatient, residential and inpatient services:

- Outpatient services:
 - Mental health services (assessments, plan development, therapy, rehabilitation and collateral)
 - Medication support services
 - Day treatment intensive services
 - Day rehabilitation services
 - Crisis intervention services
 - Crisis stabilization services
 - Targeted case management services



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- Therapeutic behavioral services
- Intensive care coordination (ICC)
- Intensive home-based services (IHBS)
- Therapeutic foster care (TFC)
- Residential services:
 - Adult residential treatment services
 - Crisis residential treatment services
- Inpatient services:
 - Acute psychiatric inpatient hospital services
 - Psychiatric inpatient hospital professional services
 - Psychiatric health facility services

To learn more about specialty mental health services the county mental health plan provides, you can call the county. To find all counties' toll-free telephone numbers online, visit <https://www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx>.

Substance use disorder services

The Drug Medi-Cal Organized Delivery System (DMC-ODS) provides a continuum of care modeled after the American Society of Addiction Medicine Criteria for substance use disorder treatment services.

Information regarding access to DMC-ODS services, including residential treatment can be found at <http://www.ochealthinfo.com/bhs/mhi/dmccods>.

Dental services

Medi-Cal covers some dental services, including:

- Diagnostic and preventive dental hygiene (such as examinations, X-rays and teeth cleanings)
- Emergency services for pain control
- Tooth extractions
- Fillings
- Root canal treatments (anterior/posterior)
- Crowns (prefabricated/laboratory)
- Scaling and root planning



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- Periodontal maintenance
- Complete and partial dentures
- Orthodontics for children who qualify

If you have questions or want to learn more about dental services, call Denti-Cal at 1-800-322-6384 (TTY 1-800-735-2922). You may also visit the Denti-Cal website at denti-cal.ca.gov.

Institutional long-term care

CalOptima covers long-term care for the month you enter a facility and the month after that. CalOptima does **not** cover long-term care if you stay longer.

Regular Medi-Cal covers your stay if it lasts longer than the month after you enter a facility. To learn more, call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**).

Services you cannot get through CalOptima or Medi-Cal

There are some services that neither CalOptima nor Medi-Cal will cover, including:

- Paramedic Services
- Alcohol and drug programs
- Certain psychiatric drugs (mental health carve-out medications)
- Services provided by any federal or state hospital for the developmentally disabled or mentally ill

Read each of the sections below to learn more. Or call CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**).

Other programs and services for people with Medi-Cal

There are other programs and services for people with Medi-Cal, including:

- Coordinated Care Initiative (CCI)
- Organ and tissue donation
- Diabetes Prevention Program (DPP)
- Health Homes Program (HHP)
- Whole Child Model (WCM) Program



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- Health Education Program
- Member Liaison Program
- No-cost language assistance services
- Multi-Purpose Senior Services Program (MSSP)
- In-Home Supportive Services (IHSS)
- Case management services
- Perinatal Support Services (PSS)
- New member orientation

Read each of the sections below to learn more about other programs and services for people with Medi-Cal. Or call CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**).

Coordinated Care Initiative (CCI)

The California Coordinated Care Initiative (CCI) works to improve care coordination for dual eligibles (people who qualify for both Medi-Cal and Medicare). CCI has two main parts:

Cal MediConnect:

CalOptima's OneCare Connect Cal MediConnect (Medicare-Medicaid Plan) program aims to improve care coordination for dual eligibles. It lets them enroll in a single plan to manage all of their benefits, instead of having separate Medi-Cal and Medicare plans. It also aims for high-quality care that helps people stay healthy and in their homes for as long as possible.

Managed long-term supports and services (MLTSS):

All Medi-Cal beneficiaries, including dual eligibles, must join a Medi-Cal managed care health plan to receive their Medi-Cal benefits, including LTSS and Medicare wrap-around benefits.

To learn more about CCI, call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**).

Organ and tissue donation

Anyone can help save lives by becoming an organ or tissue donor. If you are between 15 and 18 years old, you can become a donor with the written consent of your parent or guardian. You can change your mind about being an organ donor at any time. If you



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want to learn more about organ or tissue donation, talk to your PCP. You can also visit the United States Department of Health and Human Services website at organdonor.gov.

Diabetes Prevention Program

The Diabetes Prevention Program (DPP) is an evidence-based lifestyle change program. It is designed to prevent or delay the onset of type 2 diabetes among individuals diagnosed with prediabetes. The program lasts one year. It can last for a second year for members who qualify. The program uses approved lifestyle changes including, but not limited to the following:

- Provides a peer coach;
- Teaches self-monitoring and problem solving;
- Provides encouragement and feedback;
- Provides informational materials to support goals; and
- Tracks routine weigh-ins to help accomplish goals.

Members who are interested in DPP must meet program eligibility requirements. Contact CalOptima for additional program and eligibility information.

Health Homes Program

CalOptima covers Health Homes Program (HHP) services for members with certain chronic health conditions. These services are to help coordinate physical health services, behavioral health services, and community-based long-term services and supports (LTSS) for members with chronic conditions.

You may be contacted if you qualify for the program. You can also call CalOptima, or talk to your doctor or clinic staff, to find out if you can receive HHP services.

You may qualify for HHP if:

- You have certain chronic health conditions. You can call CalOptima to find out the conditions that qualify, and you meet one of the following:
 - You have three or more of the HHP eligible chronic conditions
 - You stayed in the hospital in the last year
 - You visited the emergency department three or more times in the last year; or
 - You do not have a place to live



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You do not qualify to receive HHP services if:

- You receive hospice services; or
- You have been residing in a skilled nursing facility for longer than the month of admission and the following month.

Covered HHP services

HHP will give you a care coordinator and care team that will work with you and your health care providers, such as your doctors, specialists, pharmacists, case managers and others, to coordinate your care. CalOptima provides HHP services, which include:

- Comprehensive care management
- Care coordination
- Health promotion
- Comprehensive transitional care
- Individual and family support services
- Referral to community and social supports

Cost to member

There is no cost to the member for HHP services.

Whole Child Model (WCM) Program

CCS is a state program that treats children under 21 years of age with certain health conditions, diseases or chronic health problems and who meet the CCS program rules. If CalOptima or your PCP believes your child has a CCS condition, he or she will be referred to the CCS county program to be assessed for eligibility. If your child is determined eligible, he or she will get their CCS care through CalOptima.

CCS does not cover all health conditions. CCS covers most health conditions that physically disable or that need to be treated with medicines, surgery or rehabilitation (rehab). CCS covers children with health conditions such as:

- Congenital heart disease
- Cancers
- Tumors
- Hemophilia
- Sickle cell anemia
- Thyroid problems



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- Diabetes
- Serious chronic kidney problems
- Liver disease
- Intestinal disease
- Cleft lip/palate
- Spina bifida
- Hearing loss
- Cataracts
- Cerebral palsy
- Seizures under certain circumstances
- Rheumatoid arthritis
- Muscular dystrophy
- AIDS
- Severe head, brain or spinal cord injuries
- Severe burns
- Severely crooked teeth

CCS county program staff will decide if your child qualifies for CCS services. If your child qualifies to get this type of care, CCS providers working with CalOptima will treat the child for the CCS condition.

Health Education Programs

CalOptima has classes and information in your language to help you stay healthy. We have classes to help you with:

- Smoking cessation (stop smoking)
- Weight control
- Care before and after delivering your baby
- Parenting
- Well-childcare
- Nutrition
- Managing your health (cholesterol, diabetes, asthma, heart health, high blood pressure)



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Member Liaison Program

CalOptima's Member Liaison Program helps seniors, members with disabilities or chronic conditions, and members experiencing homelessness. This program also helps members who get health care services from the Regional Center of Orange County (RCOC), California Children's Services (CCS) or In-Home Supportive Services (IHSS). The member liaisons work with these and other agencies to help you get the health care services you need.

The liaisons can help you with:

- Specialist appointments
- Medical supplies
- Durable medical equipment (DME) like wheelchairs, wheelchair repairs or crutches
- Other health care needs

You can speak with a liaison by calling CalOptima's Customer Service department. If you get services from the RCOC, call the RCOC liaison at 1-714-796-5213.

No-Cost Language Assistance Services

You can speak with your health care providers in the language of your choice. To help you:

- Many of our providers and staff speak your language.
- Over-the-phone interpreter service is available at no cost 24 hours a day.
- Face-to-face interpreter service is available at no cost for your health care services.

You should not ask family members or friends to interpret for you. For example, you can ask for an interpreter to be with you at your doctor visit if your doctor or the office staff does not speak your language. You need to ask for an interpreter at least five working days before or at the same time you make your doctor's appointment.

Health education and most member materials are available at no cost to you in several languages.

Oral translation of member materials is available upon request at no cost to you.

If you feel your language needs are not being met, you can file a grievance with CalOptima. For help with interpreter or translation services, call CalOptima's Customer Service department.



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Multi-Purpose Senior Services Program (MSSP)

You may qualify for MSSP services if you are 65 years or older with disabilities and are eligible for nursing facility placement but wish to remain at home. MSSP services allow you to remain safely at home as an alternative to nursing facility placement. Services provided by MSSP may include:

- Adult day care/support center
- Housing assistance
- Chore and personal care assistance
- Protective supervision
- Care management
- Respite
- Transportation
- Meal services
- Social services
- Communication services

In-Home Supportive Services (IHSS)

If you are disabled, or blind, or are over 65 years of age and are unable to live at home without help, you may qualify for IHSS benefits. IHSS allows you to remain safely in your own home. You do not qualify if you live in a nursing or community care facility. IHSS benefits may include the following services:

- Meal preparation and clean up
- Laundry
- Personal care services (such as bowel and bladder care, bathing, grooming and paramedical services)
- Grocery shopping and errands
- Transportation to medical appointments
- Household and yard cleaning
- Accompaniment to medical appointments
- Protective supervision



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Case Management Services

Case management services may be needed if you have difficult medical problems. Case managers are nurses or other health care providers who help you get medical care and other services. Case Management can help you with:

- Medication issues
- Care for spinal injuries or major surgeries
- Treatment for cancer
- Treatment for immune diseases, such as lupus, rheumatoid arthritis, Grave's disease and AIDS
- Treatment for transplants
- Dialysis

Perinatal Supportive Services (PSS)

PSS is a program to give you extra help while you are pregnant and for two months after your baby is born. If you are pregnant, see your doctor for a checkup right away. Ask your doctor or call your health network to find out how you can get into the PSS program.

New Member Orientation

CalOptima offers monthly New Member Orientation meetings in your language. At these meetings, you can get information about CalOptima programs and benefits, have your questions answered and get help with health care services. For times and locations, or to sign up for a meeting, call CalOptima's Customer Service department.

Care Coordination

CalOptima offers services to help you coordinate your health care needs at no cost to you. If you have questions or concerns about your health or the health of your child, call CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**).



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5. Rights and responsibilities

As a member of CalOptima, you have certain rights and responsibilities. This chapter explains these rights and responsibilities. This chapter also includes legal notices that you have a right to as a member of CalOptima.

Your rights

CalOptima members have these rights:

- To be treated with respect, giving due consideration to your right to privacy and the need to maintain confidentiality of your medical information.
- To be provided with information about the plan and its services, including Covered Services.
- To be able to choose a primary care provider within CalOptima's network.
- To get information about the qualifications of CalOptima's network providers.
- To participate in decision making regarding your own health care, including the right to refuse treatment.
- To voice grievances, either verbally or in writing, about the organization or the care received.
- To receive care coordination.
- To request an appeal of decisions to deny, defer or limit services or benefits.
- To receive oral interpretation services for their language.
- To receive free legal help at your local legal aid office or other groups.
- To formulate advance directives.
- To request a State Hearing, including information on the circumstances under which an expedited hearing is possible.
- To disenroll upon request. Members that can request expedited disenrollment include, but are not limited to, those receiving services under the Foster Care or Adoption Assistance Programs and those with special health care needs.



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- To access Minor Consent Services.
- To receive written member-informing materials in alternative formats (such as braille, large-size print and audio format) upon request and in a timely fashion appropriate for the format being requested and in accordance with Welfare & Institutions Code Section 14182 (b)(12).
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- To receive information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand.
- To have access to and receive a copy of your medical records, and request that they be amended or corrected, as specified in 45 Code of Federal Regulations §164.524 and 164.526.
- Freedom to exercise these rights without adversely affecting how you are treated by CalOptima, your providers or the State.
- To have access to family planning services, Freestanding Birth Centers, Federally Qualified Health Centers, Indian Health Service Facilities, midwifery services, Rural Health Centers, sexually transmitted disease services and Emergency Services outside CalOptima's network pursuant to the federal law.
- To make suggestions to CalOptima about your member rights and responsibilities.

Your responsibilities

CalOptima members have these responsibilities:

- Knowing, understanding and following your member handbook
- Understanding your medical needs and working with your health care providers to create your treatment plan
- Following the treatment plan, you agreed to with your health care providers
- Telling CalOptima and your health care providers what we need to know about your medical condition so we can provide care
- Making and keeping medical appointments and telling the office when you must cancel your appointment
- Learning about your medical condition and what keeps you healthy
- Taking part in health care programs that keep you healthy
- Working with and being polite to the people who are partners in your health care.



Call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088 (TTY 1-800-735-2929)**, Monday through Friday from 8 a.m. to 5:30 p.m. This call is free. You can also visit our website at **www.caloptima.org**.

Notice of privacy practices

A STATEMENT DESCRIBING CalOptima POLICIES AND PROCEDURES FOR PRESERVING THE CONFIDENTIALITY OF MEDICAL RECORDS IS AVAILABLE AND WILL BE FURNISHED TO YOU UPON REQUEST

CalOptima provides you access to health care through the Medi-Cal program. We are required by state and federal law to protect your health information.

Your Information is Personal and Private.

After you become eligible and enroll in our health plan, Medi-Cal sends your information to us. We also receive medical information from your doctors, clinics, labs and hospitals in order to approve and pay for your health care.

CalOptima requires its employees to follow CalOptima privacy and security policies and procedures to protect your health information in oral (for example, when discussing your health information with authorized individuals over the telephone or in person), written or electronic form. This means that a CalOptima employee who has access to your information and needs it in order to perform his or her job duties, will not discuss your information in public areas or with unauthorized persons and will lock away and ensure your information is stored away when not in use. If the employee must send your information via an electronic form, he or she will ensure the communication is encrypted. CalOptima limits access to health information about members to those employees who need it to perform their jobs.

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.



Call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**), Monday through Friday from 8 a.m. to 5:30 p.m. This call is free. You can also visit our website at **www.caloptima.org**.

5 | Rights and responsibilities

Get a copy of your health and claims records	<ul style="list-style-type: none">• You can ask to see or get a copy of your health and claims records and other health information we have about you. You must make this request in writing. You will be sent a form to fill out and we may charge a reasonable fee for the costs of copying and mailing records. You must provide a valid form of identification in order to view or get a copy of your health records.• We will provide a copy or a summary of your health and claims records, usually within 30 days of your request.• We may keep you from seeing certain parts of your records for reasons allowed by law.• CalOptima does not have complete copies of your medical records. If you want to look at, get a copy of, or change your medical records, please contact your doctor or clinic.
Ask us to correct health and claims records	<ul style="list-style-type: none">• You have the right to send in a written request to ask that information in your records be changed if it is not correct or complete. You must make your request in writing.• We may refuse your request if the information is not created or kept by CalOptima, or we believe it is correct and complete, but we'll tell you why in writing within 60 days.• If we don't make the changes you ask, you may ask that we review our decision. You may also send a statement saying why you disagree with our records, and your statement will be kept with your records.
Request confidential communications	<ul style="list-style-type: none">• You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.• We will consider all reasonable requests and must say "yes" if you tell us you would be in danger if we do not.



Call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**), Monday through Friday from 8 a.m. to 5:30 p.m. This call is free. You can also visit our website at **www.caloptima.org**.

5 | Rights and responsibilities

Ask us to limit what we use or share	<ul style="list-style-type: none">• You can ask us not to use or share certain health information for treatment, payment, or our operations.• We are not required to agree to your request, and we may say “no” if it would affect your care.
Get a list of those with whom we’ve shared information	<ul style="list-style-type: none">• You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask.• You have the right to request a list (accounting) of what information was shared, who it was shared with, when it was shared and why.• We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).
Get a copy of this privacy notice	<ul style="list-style-type: none">• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.• You can also find this notice on our website at www.caloptima.org.
Choose someone to act for you	<ul style="list-style-type: none">• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.• We will make sure the person has this authority and can act for you before we take any action.
File a complaint if you feel your rights are violated	<ul style="list-style-type: none">• You can complain if you feel we have violated your rights by contacting us using the information on page 5.• We will not retaliate against you for filing a complaint.



Call CalOptima’s Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088 (TTY 1-800-735-2929)**, Monday through Friday from 8 a.m. to 5:30 p.m. This call is free. You can also visit our website at **www.caloptima.org**.

Self-pay restriction	<ul style="list-style-type: none"> If you pay the whole bill for a service, you can ask your doctor not to share the information about that service with us. If you or your provider submits a claim to CalOptima, we do not have to agree to a restriction. If a law requires the disclosure, CalOptima does not have to agree to your restriction.
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For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, please contact us. In most cases, if we use or disclose your PHI outside of treatment, payment or operations, we must get your **written** permission first. If you give us your permission, you may take it back in writing at any time. We can't take back what we used or shared when we had your written permission, but we will stop using or sharing your PHI in the future.

In these cases, you have both the right and choice to tell us to:	<ul style="list-style-type: none"> Share information with your family, close friends, or others involved in payment for your care Share information in a disaster relief situation
In these cases, we <i>never</i> share your information unless you give us written permission:	<ul style="list-style-type: none"> <u>Psychotherapy Notes</u>: We must obtain your authorization for any use or disclosure of psychotherapy notes except to carry out certain treatment, payment or health care operations. Marketing purposes Sale of your information

Our Uses and Disclosures

Your information may be used or shared by CalOptima only for a reason directly connected to Medicare and/or Medi-Cal program. The information we use, and share includes, but is not limited to:

Help manage the health care treatment you receive	<ul style="list-style-type: none"> We can use your health information and share it with professionals who are treating you. 	Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.
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Call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088 (TTY 1-800-735-2929)**, Monday through Friday from 8 a.m. to 5:30 p.m. This call is free. You can also visit our website at **www.caloptima.org**.

5 | Rights and responsibilities

Run our organization	<ul style="list-style-type: none">• We can use and disclose your information to run our organization and contact you when necessary.• We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.	Example: We use health information about you to develop better services for you.
Pay for your health services	<ul style="list-style-type: none">• We can use and disclose your health information as we pay for your health services.	Example: We share information with the doctors, clinics and others who bill us for your care. We may also forward bills to other health plans or organizations for payment.
Administer your plan	<ul style="list-style-type: none">• We may disclose your health information to the Department of Healthcare Services (DHCS) and/or the Centers for Medicare & Medicaid Services (CMS) for plan administration.	Example: DHCS contracts with us to provide a health plan, and we provide DHCS with certain statistics.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes.



Call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**), Monday through Friday from 8 a.m. to 5:30 p.m. This call is free. You can also visit our website at **www.caloptima.org**.

5 | Rights and responsibilities

Help with public health and safety issues	<ul style="list-style-type: none">● We can share health information about you for certain situations such as:<ul style="list-style-type: none">○ Preventing disease○ Helping with product recalls○ Reporting adverse reactions to medications○ Reporting suspected abuse, neglect, or domestic violence○ Preventing or reducing a serious threat to anyone's health or safety
Comply with the law	<ul style="list-style-type: none">● We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
Respond to organ and tissue donation requests and work with a medical examiner or funeral director	<ul style="list-style-type: none">● We can share health information about you with organ procurement organizations.● We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Address workers' compensation, law enforcement, and other government requests	<ul style="list-style-type: none">● We can use or share health information about you:<ul style="list-style-type: none">○ For workers' compensation claims○ For law enforcement purposes or with a law enforcement official○ With health oversight agencies for activities authorized by law○ For special government functions such as military, national security, and presidential protective services
Respond to lawsuits and legal actions	<ul style="list-style-type: none">● We can share health information about you in response to a court or administrative order, or in response to a subpoena.



Call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088 (TTY 1-800-735-2929)**, Monday through Friday from 8 a.m. to 5:30 p.m. This call is free. You can also visit our website at **www.caloptima.org**.

Comply with special laws	<ul style="list-style-type: none">• There are special laws that protect some types of health information such as mental health services, treatment for substance use disorders, and HIV/AIDS testing and treatment. We will obey these laws when they are stricter than this notice.• There are also laws that limit our use and disclosure to reasons directly connected to the administration of CalOptima's healthcare programs.
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Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Changes to the Terms of This Notice

CalOptima reserves the right to change its privacy notice and the ways we keep your PHI safe. If that happens, we will update the notice and notify you. We will also post the updated notice on our website.

HOW TO CONTACT US TO USE YOUR RIGHTS

If you want to use any of the privacy rights explained in this notice, please write us at:

Privacy Officer
CalOptima
505 City Parkway West
Orange, CA 92868
1-888-587-8088

Or call CalOptima's Customer Service Department at: **1-714-246-8500**

Toll-free at **1-888-587-8088**
TTY: **1-800-735-2929**



Call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**), Monday through Friday from 8 a.m. to 5:30 p.m. This call is free. You can also visit our website at **www.caloptima.org**.

If you believe that we have not protected your privacy and wish to file a complaint or grievance, you may write or call CalOptima at the address and phone number above. You may also contact the agencies below:

California Department of Health Care Services

Privacy Officer

C/O: Office of HIPAA Compliance

Department of Health Care Services

P.O. Box 997413, MS 4722

Sacramento, CA 95899-7413

Email: privacyofficer@dhcs.ca.gov

Phone: 1-916-445-4646

Fax: 1-916-440-7680

U.S. Dept. of Health and Human Services

Office for Civil Rights

Regional Manager

90 7th Street, Suite 4-100

San Francisco, CA 94103

Email: OCRComplaint@hhs.gov

Phone: 1-800-368-1019

Fax: 1-415-437-8329

TTY: 1-800-537-7697

USE YOUR RIGHTS WITHOUT FEAR

CalOptima cannot take away your health care benefits nor do anything to hurt you in any way if you choose to file a complaint or use any of the privacy rights in this notice.

This notice applies to all of CalOptima's health care programs.



Call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**), Monday through Friday from 8 a.m. to 5:30 p.m. This call is free. You can also visit our website at **www.caloptima.org**.

Notice about laws

Many laws apply to this Member Handbook. These laws may affect your rights and responsibilities even if the laws are not included or explained in this handbook. The main laws that apply to this handbook are state and federal laws about the Medi-Cal program. Other federal and state laws may apply too.

Notice about Medi-Cal as a payer of last resort

Sometimes someone else has to pay first for the services CalOptima provides you. For example, if you are in a car accident or if you are injured at work, insurance or Workers Compensation has to pay first.

DHCS has the right and responsibility to collect for covered Medi-Cal services for which Medi-Cal is not the first payer. If you are injured, and someone else is liable for your injury, you or your legal representative must notify DHCS within 30 days of filing a legal action or a claim. Submit your notification online:

- Personal Injury Program at <http://dhcs.ca.gov/PI>
- Workers Compensation Recovery Program at <http://dhcs.ca.gov/WC>

To learn more, call 1-916-445-9891.

The Medi-Cal program complies with state and federal laws and regulations relating to the legal liability of third parties for health care services to beneficiaries. CalOptima will take all reasonable measures to ensure that the Medi-Cal program is the payer of last resort.

You must apply for and keep other health coverage (OHC) that is available to you for free or is state-paid coverage. If you do not apply for or keep no-cost or state-paid OHC, your Medi-Cal benefits and/or eligibility will be denied or stopped. If you do not report changes to your OHC promptly, and because of this, receive Medi-Cal benefits that you are not eligible for, you may have to repay DHCS.



Call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088 (TTY 1-800-735-2929)**, Monday through Friday from 8 a.m. to 5:30 p.m. This call is free. You can also visit our website at **www.caloptima.org**.

Notice about estate recovery

The Medi-Cal program must seek repayment from the estates of certain deceased Medi-Cal members from payments made, including managed care premiums, nursing facility services, home and community-based services, and related hospital and prescription drug services provided to the deceased Medi-Cal member on or after the member's 55th birthday. If a deceased member does not leave an estate or owns nothing when they die, nothing will be owed.

To learn more about the estate recovery, call 1-916-650-0490. Or get legal advice.

Notice of Action

CalOptima will send you a Notice of Action (NOA) letter any time CalOptima denies, delays, terminates or modifies a request for health care services. If you disagree with the plan's decision, you can always file an appeal with CalOptima.



Call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**), Monday through Friday from 8 a.m. to 5:30 p.m. This call is free. You can also visit our website at **www.caloptima.org**.

6. Reporting and solving problems

There are two kinds of problems that you may have with CalOptima:

- A **complaint** (or **grievance**) is when you have a problem with CalOptima or a provider, or with the health care or treatment you got from a provider
- An **appeal** is when you don't agree with CalOptima's decision not to cover or change your services

You can use the CalOptima grievance and appeal process to let us know about your problem. This does not take away any of your legal rights and remedies. We will not discriminate or retaliate against you for complaining to us. Letting us know about your problem will help us improve care for all members.

You should always contact CalOptima first to let us know about your problem. Call us Monday through Friday from 8:00 a.m. to 5:30 p.m. at CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**) to tell us about your problem.

The California Department of Health Care Services (DHCS) Medi-Cal Managed Care Ombudsman can also help. They can help if you have problems joining, changing or leaving a health plan. They can also help if you moved and are having trouble getting your Medi-Cal transferred to your new county. You can call the Ombudsman Monday through Friday, between 8:00 a.m. and 5:00 p.m. at 1-888-452-8609.

You can also file a grievance with your county eligibility office about your Medi-Cal eligibility. If you are not sure who you can file your grievance with, call CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**).

To report incorrect information about your additional health insurance, please call Medi-Cal Monday through Friday, between 8:00 a.m. and 5:00 p.m. at 1-800-541-5555.



Call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**), Monday through Friday from 8 a.m. to 5:30 p.m. This call is free. You can also visit our website at **www.caloptima.org**.

Complaints

A complaint (or grievance) is when you have a problem or are unhappy with the services you are receiving from CalOptima or a provider. There is no time limit to file a complaint. You can file a complaint with us at any time by phone, in writing or online.

- **By phone:** Call CalOptima at CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**) between 8:00 a.m. to 5:30 p.m. Give your health plan ID number, your name and the reason for your complaint.
- **By mail:** Call CalOptima at CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**) and ask to have a form sent to you. When you get the form, fill it out. Be sure to include your name, health plan ID number and the reason for your complaint. Tell us what happened and how we can help you.

Mail the form to:

CalOptima
Grievance and Appeals Resolution Services
505 City Parkway West
Orange, CA 92868

Your doctor's office will have complaint forms available.

- **Online:** Visit the CalOptima website. Go to:
<https://www.caloptima.org/en/ForMembers/Medi-Cal/YourRights.aspx>
 - Click on "How to report and solve problems"
 - Click on "File a grievance or appeal online"
 - Fill out the Online Member Grievance Form and click "Submit."

This sends your grievance to CalOptima's Grievance and Appeals Resolution Services department.

If you need help filing your complaint, we can help you. We can give you free language services. Call CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**).



Call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**), Monday through Friday from 8 a.m. to 5:30 p.m. This call is free. You can also visit our website at **www.caloptima.org**.

Within 5 days of getting your complaint, we will send you a letter letting you know we received it. Within 30 days, we will send you another letter that tells you how we resolved your problem. If you call CalOptima about a grievance that is not about health care coverage, medical necessity, or experimental or investigational treatment, and your grievance is resolved by the end of the next business day, you may not receive a letter.

If you want us to make a fast decision because the time it takes to resolve your complaint would put your life, health or ability to function in danger, you can ask for an expedited (fast) review. To ask for an expedited review, call us at CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**). We will make a decision within 72 hours of receiving your complaint.

Appeals

An appeal is different from a complaint. An appeal is a request for CalOptima to review and change a decision we made about coverage for a requested service. If we sent you a Notice of Action (NOA) letter telling you that we are denying, delaying, changing or ending a service, and you do not agree with our decision, you can file an appeal. Your PCP can also file an appeal for you with your written permission.

You must file an appeal within 60 calendar days from the date on the NOA you received. If you are currently getting treatment and you want to continue getting treatment, then you must ask for an appeal within 10 calendar days from the date the NOA was delivered to you, or before the date CalOptima says services will stop. When you request the appeal, please tell us that you want to continue receiving services.

You can file an appeal by phone, in writing or online:

- **By phone:** Call CalOptima at CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**) between 8:00 a.m. to 5:30 p.m. Give your name, health plan ID number and the service you are appealing.
- **By mail:** Call CalOptima at CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**) and ask to have a form sent to you. When you get the form, fill it out. Be sure to include your name, health plan ID number and the service you are appealing.



Call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**), Monday through Friday from 8 a.m. to 5:30 p.m. This call is free. You can also visit our website at **www.caloptima.org**.

Mail the form to:

CalOptima
Grievance and Appeals Resolution Services
505 City Parkway West
Orange, CA 92868

Your doctor's office will have appeal forms available.

- **Online:** Visit the CalOptima website. Go to:
<https://www.caloptima.org/en/ForMembers/Medi-Cal/YourRights.aspx>.
 - Click on "How to report and solve problems"
 - Click on "File a grievance or appeal online"
 - Fill out the Online Member Grievance Form and click "Submit."

This sends your grievance to CalOptima's Grievance and Appeals Resolution Services department.

If you need help filing your appeal, we can help you. We can give you free language services. Call CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**).

Within 5 days of getting your appeal, we will send you a letter letting you know we received it. Within 30 days, we will tell you our appeal decision.

If you or your doctor wants us to make a fast decision because the time it takes to resolve your appeal would put your life, health or ability to function in danger, you can ask for an expedited (fast) review. To ask for an expedited review, call CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**). We will make a decision within 72 hours of receiving your appeal.

What to do if you do not agree with an appeal decision

If you filed an appeal and received a letter from CalOptima telling you we did not change our decision, or you never received a letter telling you of our decision and it has been past 30 days, you can:

- Ask for a **State Hearing** from Department of Social Services, and a judge will review your case.



Call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**), Monday through Friday from 8 a.m. to 5:30 p.m. This call is free. You can also visit our website at www.caloptima.org.

State Hearings

A State Hearing is a meeting with people from the DSS. A judge will help to resolve your problem. You can ask for a State Hearing only if you have already filed an appeal with CalOptima and you are still not happy with the decision or if you have not received a decision on your appeal after 30 days.

You must ask for a State Hearing within 120 days from the date on the notice telling you of the appeal decision. Your PCP can ask for a State Hearing for you with your written permission and if he or she gets approval from DSS. You can also call DSS to ask the State to approve your PCP's request for a State Hearing.

You can ask for a State Hearing by phone or mail.

- **By phone:** Call the DSS Public Response Unit at 1-800-952-5253 (TTY 1-800-952-8349).
- **By mail:** Fill out the form provided with your appeals resolution notice. Send it to:

California Department of Social Services
State Hearings Division
P.O. Box 944243, MS 09-17-37
Sacramento, CA 94244-2430

If you need help asking for a State Hearing, we can help you. We can give you free language services. Call CalOptima's Customer Service department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**).

At the hearing, you will give your side. We will give our side. It could take up to 90 days for the judge to decide your case. CalOptima must follow what the judge decides.

If you want the DSS to make a fast decision because the time it takes to have a State Hearing would put your life, health or ability to function fully in danger, you or your PCP can contact the DSS and ask for an expedited (fast) State Hearing. DSS must make a decision no later than 3 business days after it gets your complete case file from CalOptima.



Call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**), Monday through Friday from 8 a.m. to 5:30 p.m. This call is free. You can also visit our website at **www.caloptima.org**.

Fraud, waste and abuse

If you suspect that a provider or a person who gets Medi-Cal has committed fraud, waste or abuse, it is your right to report it.

Provider fraud, waste and abuse includes:

- Falsifying medical records
- Prescribing more medication than is medically necessary
- Giving more health care services than medically necessary
- Billing for services that were not given
- Billing for professional services when the professional did not perform the service

Fraud, waste and abuse by a person who gets benefits includes:

- Lending, selling or giving a health plan ID card or Medi-Cal Benefits Identification Card (BIC) to someone else
- Getting similar or the same treatments or medicines from more than one provider
- Going to an emergency room when it is not an emergency
- Using someone else's Social Security number or health plan ID number

To report fraud, waste and abuse, write down the name, address and ID number of the person who committed the fraud, waste or abuse. Give as much information as you can about the person, such as the phone number or the specialty if it is a provider. Give the dates of the events and a summary of exactly what happened.

Send your report to:

CalOptima
Supervisor of FWA
505 City Parkway West
Orange, CA 92868



Call CalOptima's Customer Service Department at **1-714-246-8500** or toll-free at **1-888-587-8088** (TTY **1-800-735-2929**), Monday through Friday from 8 a.m. to 5:30 p.m. This call is free. You can also visit our website at **www.caloptima.org**.

7. Important numbers and words to know

Important phone numbers

- CalOptima Customer Service **1-714-246-8500** or toll-free at **1-888 587-8088** (TTY **1-800-735-2929**)
 - CalOptima Behavioral Health Customer Service department: toll-free: toll-free at **1-855-877-3885** (TTY **1-800-735-2929**)
 - Denti-Cal: **1-800-322-6384** (TTY **1-800-735-2922**)
 - VSP (Vision Service Plan): **1-800-438-4560** (TTY **1-800-428-4833**)
 - California Family Planning information and referral line: **1-800-942-1054**
 - Nurse Advice Line: **1-844-447-8441** (TTY **1-844-514-3774**) 24 hours a day, 7 days a week
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Words to know

Active labor: The period of time when a woman is in the three stages of giving birth and either cannot be safely transferred in time to another hospital before delivery or a transfer may harm the health and safety of the woman or unborn child.

Acute: A medical condition that is sudden, requires fast medical attention and does not last a long time.

Appeal: A member's request for CalOptima to review and change a decision made about coverage for a requested service.

Benefits: Health care services and drugs covered under this health plan.

California Children's Services (CCS): A program that provides services for children up to age 21 with certain diseases and health problems.



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California Health and Disability Prevention (CHDP): A public health program that reimburses public and private health care providers for early health assessments to detect or prevent disease and disabilities in children and youth. The program helps children and youth who qualify have access to regular health care. Your PCP can provide CHDP services.

Case manager: Registered nurses or social workers who can help you understand major health problems and arrange care with your providers.

Certified Nurse Midwife (CNM): An individual licensed as a Registered Nurse and certified as a nurse midwife by the California Board of Registered Nursing. A certified nurse midwife is permitted to attend cases of normal childbirth.

Chronic condition: A disease or other medical problem that cannot be completely cured or that gets worse over time or that must be treated so you do not get worse.

Clinic: A facility that members can select as a primary care provider (PCP). It can be either a Federally Qualified Health Center (FQHC), community clinic, Rural Health Clinic (RHC), Indian Health Service Facility or other primary care facility.

Community-based adult services (CBAS): Outpatient, facility-based services for skilled nursing care, social services, therapies, personal care, family and caregiver training and support, nutrition services, transportation, and other services for members who qualify.

Complaint: A member's verbal or written expression of dissatisfaction about CalOptima, health network, a provider, or the quality of care or quality of services provided. A complaint is the same as a grievance.

Continuity of care: The ability of a plan member to keep getting Medi-Cal services from their existing provider for up to 12 months, if the provider and CalOptima agree.

Coordination of Benefits (COB): The process of determining which insurance coverage (Medi-Cal, Medicare, commercial insurance or other) has primary treatment and payment responsibilities for members with more than one type of health insurance coverage.

Copayment: A payment you make, generally at the time of service, in addition to the insurer's payment.

County Organized Health System (COHS): A local agency created by a county board of supervisors to contract with the Medi-Cal program. Enrolled recipients choose their health care provider from among all COHS providers.



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Coverage (covered services): The health care services provided to members of CalOptima, subject to the terms, conditions, limitations and exclusions of the Medi-Cal contract and as listed in this Evidence of Coverage (EOC) and any amendments.

DHCS: The California Department of Health Care Services. This is the State office that oversees the Medi-Cal program.

Disenroll: To stop using this health plan because you no longer qualify or change to a new health plan. You must sign a form that says you no longer want to use this health plan or call HCO and disenroll by phone.

Durable medical equipment (DME): Equipment that is medically necessary and ordered by your doctor or other provider. CalOptima decides whether to rent or buy DME. Rental costs must not be more than the cost to buy. Repair of medical equipment is covered.

Early and periodic screening, diagnosis and treatment (EPSDT): EPSDT services are a benefit for Medi-Cal members under the age of 21 to help keep them healthy. Members must get the right health check-ups for their age and appropriate screenings to find health problems and treat illnesses early.

Emergency medical condition: A medical or mental condition with such severe symptoms, such as active labor (go to definition above) or severe pain, that someone with a prudent layperson's knowledge of health and medicine could reasonably believe that not getting immediate medical care could:

- Place your health or the health of your unborn baby in serious danger
- Cause impairment to a body function
- Cause a body part or organ to not work right

Emergency room care: An exam performed by a doctor (or staff under direction of a doctor as allowed by law) to find out if an emergency medical condition exists. Medically necessary services needed to make you clinically stable within the capabilities of the facility.

Emergency medical transportation: Transportation in an ambulance or emergency vehicle to an emergency room to receive emergency medical care.

Enrollee: A person who is a member of a health plan and receives services through the plan.

Excluded services: Services not covered by CalOptima; non-covered services.



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Family planning services: Services to prevent or delay pregnancy.

Federally Qualified Health Center (FQHC): A health center in an area that does not have many health care providers. You can get primary and preventive care at an FQHC.

Fee-For-Service (FFS): This means you are not enrolled in a managed care health plan. Under FFS, your doctor must accept “straight” Medi-Cal and bill Medi-Cal directly for the services you got.

Follow-up care: Regular doctor care to check a patient’s progress after a hospitalization or during a course of treatment.

Formulary: A list of drugs or items that meet certain criteria and are approved for members.

Fraud: An intentional act to deceive or misrepresent by a person who knows the deception could result in some unauthorized benefit for the person or someone else.

Freestanding Birth Centers (FBCs): Health facilities where childbirth is planned to occur away from the pregnant woman’s residence that are licensed or otherwise approved by the state to provide prenatal labor and delivery or postpartum care and other ambulatory services that are included in the plan. These facilities are not hospitals.

Grievance: A member’s verbal or written expression of dissatisfaction about CalOptima, health network, a provider, or the quality of care or services provided. A complaint is the same as a grievance.

Habilitation services and devices: Health care services that help you keep, learn or improve skills and functioning for daily living.

Health Care Options (HCO): The program that can enroll you in or disenroll you from the health plan.

Health care providers: Doctors and specialists such as surgeons, doctors who treat cancer or doctors who treat special parts of the body, and who work with CalOptima or are in the CalOptima network. CalOptima network providers must have a license to practice in California and give you a service CalOptima covers.

You usually need a referral from your PCP to go to a specialist. Your PCP must get pre-approval from CalOptima before you get care from the specialist.

You do not need a referral from your PCP for some types of service, such as family planning, emergency care, ob/gyn care or sensitive services.



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Types of health care providers:

- Audiologist is a provider who tests hearing.
- Certified nurse midwife is a nurse who cares for you during pregnancy and childbirth.
- Family practitioner is a doctor who treats common medical issues for people of all ages.
- General practitioner is a doctor who treats common medical issues.
- Internist is a doctor with special training in internal medicine, including diseases.
- Licensed vocational nurse is a licensed nurse who works with your doctor.
- A counselor is a person who helps you with family problems.
- Medical assistant or certified medical assistant is a non-licensed person who helps your doctors give you medical care.
- Mid-level practitioner is a name used for health care providers, such as nurse-midwives, physician assistants or nurse practitioners.
- Nurse anesthetist is a nurse who gives you anesthesia.
- Nurse practitioner or physician assistant is a person who works in a clinic or doctor's office who diagnoses, treats and cares for you, within limits.
- Obstetrician/gynecologist (ob/gyn) is a doctor who takes care of a woman's health, including during pregnancy and birth.
- Occupational therapist is a provider who helps you regain daily skills and activities after an illness or injury.
- Pediatrician is a doctor who treats children from birth through the teen years.
- Physical therapist is a provider who helps you build your body's strength after an illness or injury.
- Podiatrist is a doctor who takes care of your feet.
- Psychologist is a person who treats mental health issues but does not prescribe drugs.
- Registered nurse is a nurse with more training than a licensed vocational nurse and who has a license to do certain tasks with your doctor.
- Respiratory therapist is a provider who helps you with your breathing.
- Speech pathologist is a provider who helps you with your speech.



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Health insurance: Insurance coverage that pays for medical and surgical expenses by repaying the insured for expenses from illness or injury or paying the care provider directly.

Home health care: Skilled nursing care and other services given at home.

Home health care providers: Providers who give you skilled nursing care and other services at home.

Health Network: A group of doctors and hospitals contracted with CalOptima to provide health care serviced to CalOptima members.

Hospice: Care to reduce physical, emotional, social and spiritual discomforts for a member with a terminal illness (not expected to live for more than 6 months).

Hospital: A place where you get inpatient and outpatient care from doctors and nurses.

Hospitalization: Admission to a hospital for treatment as an inpatient.

Hospital outpatient care: Medical or surgical care performed at a hospital without admission as an inpatient.

Inpatient care: When you have to stay the night in a hospital or other place for the medical care you need.

Long-term care: Care in a facility for longer than the month of admission.

Managed care plan: A Medi-Cal plan that uses only certain doctors, specialists, clinics, pharmacies and hospitals for Medi-Cal recipients enrolled in that plan. CalOptima is a managed care plan.

Medical home: A model of care that will provide better health care quality, improve self-management by members of their own care and reduce avoidable costs over time.

Medically necessary (or medical necessity): Medically necessary care are important services that are reasonable and protect life. This care is needed to keep patients from getting seriously ill or disabled. This care reduces severe pain by treating the disease, illness or injury. For members under the age of 21, Medi-Cal services includes care that is medically necessary to fix or help a physical or mental illness or condition, including substance use disorders, as set forth in Section 1396d(r) of Title 42 of the United States Code.



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Medicare: The federal health insurance program for people 65 years of age or older, certain younger people with disabilities, and people with end-stage renal disease (permanent kidney failure that requires dialysis or a transplant, sometimes called ESRD).

Member: Any eligible Medi-Cal member enrolled with CalOptima who is entitled to receive covered services.

Mental health services provider: Licensed individuals who provide mental health and behavioral health services to patients.

Midwifery services: Prenatal, intrapartum, and postpartum care, including family planning care for the mother and immediate care for the newborn, provided by certified nurse midwives (CNM) and licensed midwives (LM).

Network: A group of doctors, clinics, hospitals and other providers contracted with CalOptima to provide care.

Network provider (or in-network provider): Go to “Participating provider.”

Non-covered service: A service that CalOptima does not cover.

Non-emergency medical transportation (NEMT): Transportation when you cannot get to a covered medical appointment by car, bus, train or taxi. CalOptima pays for the lowest cost NEMT for your medical needs when you need a ride to your appointment.

Non-formulary drug: A drug not listed in the drug formulary.

Non-medical transportation: Transportation when traveling to and from an appointment for a Medi-Cal covered service authorized by your provider.

Non-participating provider: A provider not in the CalOptima network.

Other health coverage (OHC): Other health coverage (OHC) refers to private health insurance. Services may include medical, dental, vision, pharmacy and/or Medicare supplemental plans (Part C & D).

Orthotic device: A device used as a support or brace affixed externally to the body to support or correct an acutely injured or diseased body part and that is medically necessary for the medical recovery of the member.

Out-of-area services: Services while a member is anywhere outside of the service area.

Out-of-network provider: A provider who is not part of the CalOptima network.



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Outpatient care: When you do not have to stay the night in a hospital or other place for the medical care you need.

Outpatient mental health services: Outpatient services for members with mild to moderate mental health conditions including:

- Individual or group mental health evaluation and treatment (psychotherapy)
- Psychological testing when clinically indicated to evaluate a mental health condition
- Outpatient services for the purposes of monitoring medication therapy
- Psychiatric consultation
- Outpatient laboratory, supplies and supplements

Palliative Care: Care to reduce physical, emotional, social and spiritual discomforts for a member with a serious illness.

Participating hospital: A licensed hospital that has a contract with CalOptima to provide services to members at the time a member receives care. The covered services that some participating hospitals may offer to members are limited by CalOptima's utilization review and quality assurance policies or CalOptima's contract with the hospital.

Participating provider (or participating doctor): A doctor, hospital or other licensed health care professional or licensed health facility, including sub-acute facilities that have a contract with CalOptima to offer covered services to members at the time a member receives care.

Physician services: Services given by a person licensed under state law to practice medicine or osteopathy, not including services offered by doctors while you are admitted in a hospital that are charged in the hospital bill.

Plan: Go to "Managed care plan."

Post-stabilization services: Services you receive after an emergency medical condition is stabilized.

Pre-approval (or prior-authorization): Your PCP must get approval from CalOptima before you get certain services. CalOptima will only approve the services you need. CalOptima will not approve services by non-participating providers if CalOptima believes you can get comparable or more appropriate services through CalOptima providers. A referral is not an approval. You must get approval from CalOptima.



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Premium: An amount paid for coverage; cost for coverage.

Prescription drug coverage: Coverage for medications prescribed by a provider.

Prescription drugs: A drug that legally requires an order from a licensed provider to be dispensed, unlike over the counter (OTC) drugs that do not require a prescription.

Preferred drug list (PDL): A chosen list of drugs approved by this health plan from which your doctor may order for you. Also called a formulary.

Primary care: Go to “Routine care”.

Primary care provider (PCP): The licensed provider you have for most of your health care. Your PCP helps you get the care you need. Some care needs to be approved first, unless:

- You have an emergency.
- You need ob/gyn care.
- You need sensitive services.
- You need family planning care.

Your PCP can be a:

- General practitioner
- Internist
- Pediatrician
- Family practitioner
- Ob/gyn
- FQHC or RHC
- Nurse practitioner
- Physician assistant
- Clinic

Prior authorization (pre-approval): A formal process requiring a health care provider to get approval to provide specific services or procedures.

Prosthetic device: An artificial device attached to the body to replace a missing body part.

Provider Directory: A list of providers in the CalOptima network.



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Psychiatric emergency medical condition: A mental disorder in which the symptoms are serious or severe enough to cause an immediate danger to yourself or others or you are immediately unable to provide for or use food, shelter or clothing due to the mental disorder.

Public health services: Health services targeted at the population as a whole. These include, among others, health situation analysis, health surveillance, health promotion, prevention services, infectious disease control, environmental protection and sanitation, disaster preparedness and response, and occupational health.

Qualified provider: Doctor qualified in the area of practice appropriate to treat your condition.

Reconstructive surgery: Surgery to correct or repair abnormal structures of the body to improve function or create a normal appearance to the extent possible. Abnormal structures of the body are those caused by a congenital defect, developmental abnormalities, trauma, infection, tumors, or disease.

Referral: When your PCP says you can get care from another provider. Some covered care services require a referral and pre-approval.

Routine care: Medically necessary services and preventive care, well child visits, or care such as routine follow-up care. The goal of routine care is to prevent health problems.

Rural Health Clinic (RHC): A health center in an area that does not have many health care providers. You can get primary and preventive care at an RHC.

Sensitive services: Medically necessary services for family planning, sexually transmitted infections (STIs), HIV/AIDS, sexual assault and abortions.

Serious illness: A disease or condition that must be treated and could result in death.

Service area: The geographic area CalOptima serves. This includes Orange County.

Skilled nursing care: Covered services provided by licensed nurses, technicians and/or therapists during a stay in a Skilled Nursing Facility or in a member's home.

Skilled nursing facility: A place that gives 24-hour-a-day nursing care that only trained health professionals may give.

Specialist (or specialty doctor): A doctor who treats certain types of health care problems. For example, an orthopedic surgeon treats broken bones; an allergist treats allergies; and a cardiologist treats heart problems. In most cases, you will need a referral from your PCP to go to a specialist.



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Specialty mental health services:

- Outpatient services:
 - Mental health services (assessments, plan development, therapy, rehabilitation and collateral)
 - Medication support services
 - Day treatment intensive services
 - Day rehabilitation services
 - Crisis intervention services
 - Crisis stabilization services
 - Targeted case management services
 - Therapeutic behavioral services
 - Intensive care coordination (ICC)
 - Intensive home-based services (IHBS)
 - Therapeutic foster care (TFC)
- Residential services:
 - Adult residential treatment services
 - Crisis residential treatment services
- Inpatient services:
 - Acute psychiatric inpatient hospital services
 - Psychiatric inpatient hospital professional services
 - Psychiatric health facility services

Terminal illness: A medical condition that cannot be reversed and will most likely cause death within one year or less if the disease follows its natural course.

Triage (or screening): The evaluation of your health by a doctor or nurse who is trained to screen for the purpose of determining the urgency of your need for care.

Urgent care (or urgent services): Services provided to treat a non-emergency illness, injury or condition that requires medical care. You can get urgent care from an out-of-network provider if network providers are temporarily not available or accessible.



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